

Case Number:	CM14-0172310		
Date Assigned:	10/23/2014	Date of Injury:	05/03/2010
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female with a date of injury on 5/3/2010. Per psychiatric an agreed medical evaluation (AME) report dated 2/25/2013 is diagnosed with depressive disorder - not otherwise specified and anxiety. Records dated 8/20/2013; the injured worker was seen for a psychiatric follow-up. She reported that she was not doing better because she was not going out, putting on makeup, or cleaning her house. She also reported having anxiety attacks. Records dated 6/09/2014 indicate that the injured worker continued to work full time. She reported that she mostly respected by her coworkers and get along with each other although there times of stress she has been able to manage them well. The most recent records dated 9/25/2014 documents that injured worker made a follow up visit. He continued to work on a full time basis. She reported that she stresses easily at work and has episodes for generally feeling dissatisfied. She was hyper verbal and agitated but reports that she was doing well with her medication with no reported side effects. She is diagnosed with major depression (single episode) and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Xanax tablets 0.5 mg with two refills # 270: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Benzodiazepine

Decision rationale: Xanax is categorized under the drug class benzodiazepines. Evidence-based guidelines indicate that medications under this drug class are only recommended for short-term use and long-term efficacy is not proven. Guidelines also indicate that this drug class can cause rapid development and dependence as well as adverse events (e.g. daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). There is also potential for risk of abuse or addiction. In this case, the injured worker is noted to be utilizing this medication in the long-term which is outside the recommendations of guidelines. Without support for long-term use, the medical necessity of the requested Xanax tablets 0.5 mg with two refills #270 is not established.