

Case Number:	CM14-0181575		
Date Assigned:	11/06/2014	Date of Injury:	08/13/1998
Decision Date:	12/12/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for anxiety, depression, posttraumatic stress disorder, and chronic shoulder pain reportedly associated with an industrial injury of August 13, 1998. The applicant has been treated with the following: Analgesic medications; psychotropic medications; anxiolytic medications; unspecified amounts of psychotherapy; and extensive periods of time off of work. In a utilization review report dated October 28, 2014, the claims administrator failed to approve a request for Xanax, a benzodiazepine anxiolytic. The applicant's attorney subsequently appealed. In an October 16, 2014, progress note, the applicant reported ongoing issues with anxiety, depression, posttraumatic stress disorder, and chronic left shoulder pain. It was suggested that the applicant was pending left shoulder surgery. The applicant was asked to try and reduce his benzodiazepine usage. It was stated that the applicant was using Xanax twice daily for anxiolytic effect. The applicant was described as remaining "totally disabled" from gainful employment from a mental health perspective. In an earlier note dated August 18, 2014, the applicant was described as using Xanax 1 mg up to three times daily. The applicant was again placed off of work, on total temporary disability, from a mental health perspective. The applicant was again described as using Xanax 1 mg half a tablet two to three times daily for anxiolytic effect, on a progress note of March 4, 2014. The applicant was still having issues with anxiety, irritability, flashbacks, nightmares, and posttraumatic stress. The applicant was a veteran, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) Guideline in American College of Occupational and Environmental Medicine (ACOEM) Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, the applicant appears intent on employing Xanax for chronic, long-term, and scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Xanax, a benzodiazepine. Therefore, the request is not medically necessary.