

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0037826 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 01/12/2011 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/31/2014 |

### 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 Psychiatry and is licensed to practice 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:

53 year old female with date of injury 1/12/2011. The date of UR determination was 3/14/2014. She experienced multiple injuries at work over the course of years which resulted in chronic pain in multiple areas of the body. She has undergone physical therapy, acupuncture sessions. Psychologist report from 1/28/2014 suggests that she is being treated for Mixed Anxiety-Depressive Disorder NOS. Burns Depression and Anxiety scales were conducted on her which suggested severe depression and extreme anxiety. Progress Report from 03/03/2014 lists the subjective complaints as anxiety, tension, irritability, quick temper, depression, occasional crying, insomnia due to pain and worry. Diagnosis of Anxiety disorder NOS was given with some depressive features. Treatment plan indicated that Xanax 0.5 mg twice a day prn was to be continued for anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg, QTY: 30/month:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary last updated 01/07/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications, page(s) 24, 124 Page(s): 24,124.

**Decision rationale:** Progress Report from 3/3/2014 suggested that injured worker experiences anxiety, tension, irritability, quick temper, depression, occasional crying, insomnia due to pain and worry. Diagnosis of Anxiety disorder NOS was given with some depressive features. Treatment plan indicated that Xanax 0.5 mg twice a day prn was to be continued for anxiety. Burns Anxiety Scale performed on 1/28/2014 suggested extreme levels of anxiety. MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." Upon review of the Primary Treating Physicians' Progress Reports, the injured worker severe levels of anxiety warranting the use of Xanax and prescription of 30 pills of Xanax for one month are medically necessary at this time. However, since Benzodiazepines are not recommended for long-term use, the plan regarding taper should be considered before it is discontinued.

**Continued monthly follow-up visit with the psychiatrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

**Decision rationale:** Psychologist report from 1/28/2014 suggests that she is being treated for Mixed Anxiety-Depressive Disorder NOS. Burns Depression and Anxiety scales were conducted on her which suggested severe depression and extreme anxiety. Progress Report from 03/03/2014 lists the subjective complaints as anxiety, tension, irritability, quick temper, depression, occasional crying, insomnia due to pain and worry. Diagnosis of Anxiety disorder NOS was given with some depressive features. ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Continued monthly follow-up visit with the psychiatrist is indicated however, the quantity of visits or the goals of treatment have not been specified. Due to the lack of the above information, the medical necessity of this request cannot be established.