

Case Number:	CM14-0042905		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2010
Decision Date:	10/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 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:

Injured worker is a 54 year old male with date of injury 8/6/2010. Date of UR decision was 3/5/2014. He was involved in an industrial motor vehicle accident on August 6, 2010 resulting in chronic cervical spine pain. Report dated 4/28/2014 suggested that the injured worker had been experiencing difficulty falling asleep and staying asleep each night. He reported being depressed, reduced libido, reduced concentration, reduced energy and interest in activities secondary to his orthopedic injuries. His self-esteem, self-image were reduced and he was frustrated, depressed, and anxious due to his orthopedic disability and the changes in his lifestyle because of his orthopedic and medical disability. It was suggested that he had had significant problems with drug use in his life resulting in several legal problems in his younger life as well as presently. Report indicated that he was being prescribed Xanax by the treating physician but he was not noted to be under any Psychiatric treatment. Personality Assessment Inventory Clinical Interpretive Report was completed on 4/28/2014. Report dated 1/7/2014 suggested that he was being prescribed Suboxone, Lorazepam, Buspirone and Hydroxyzine. It appears from the documentation available that the injured worker has been on Benzodiazepines since at least 08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

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

Decision rationale: 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 has been prescribed Benzodiazepines since at least 08/2013 with no documented plan of taper. He has a significant history of drug and alcohol dependence with several legal problems as a result of it. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) The request for Xanax 1mg #60 is not medically necessary.