

Case Number:	CM14-0072885		
Date Assigned:	06/30/2014	Date of Injury:	10/14/2009
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 neck pain, low back pain, knee pain, anxiety, and depression reportedly associated with an industrial injury of October 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and anxiolytic medications. In a utilization review report dated March 27, 2014, the claims administrator partially certified a request for Xanax apparently for weaning purposes. The applicant's attorney subsequently appealed. In a July 11, 2013 progress note, the applicant was described as having intractable low back pain, chronic neck pain, and chronic knee pain. The applicant was using Norco, Xanax, Soma, and Prilosec. The attending provider posited that these medications were improving the applicant's ability to perform household chores. The applicant also had issues with asthma, and initially multifocal pain complaints, it was stated. The applicant work status was not clearly stated, although the applicant did not appear to be working. On June 5, 2014, the applicant presented with persistent complaints of chronic low back, neck, and knee pain. The applicant stated that ongoing usage of Norco was ameliorating her ability to perform daily chores. The applicant is reportedly using Xanax on a once daily basis for anxiety, it was acknowledged. The applicant was again given prescriptions for Norco, Xanax, and Flexeril. The applicant was placed off of work, on total temporary disability through July 8, 2014. In an earlier handwritten note dated May 27, 2014, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (chronic) and alprazolam sections.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax, may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with an opportunity to achieve a brief alleviation in symptoms so as to recoup emotional or physical recourses, in this case, however, the applicant is apparently using Xanax, on a chronic, scheduled, and/or daily use purpose. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request was not medically necessary.