

<b>Case Number:</b>	CM14-0073301		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 posttraumatic headaches and postconcussion syndrome reportedly associated with an industrial injury of September 20, 2011. The applicant has been treated with the following: Analgesic medications; anxiolytic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 6, 2014, the claims administrator approved a request for Norco and partially certified a request for Xanax. The applicant's attorney subsequently appealed. In a psychological medical-legal evaluation of August 8, 2013, it was seemingly acknowledged that the applicant was working elsewhere as a plumber after having been laid off by his former employer. The applicant did have ongoing issues with depression, anxiety, and insomnia, it was acknowledged. On July 29, 2013, it was acknowledged that the applicant was using Norco, Xanax, and blood pressure medications. The applicant was having issues with insomnia and anxiety and was apparently using Xanax for the same, it was acknowledged. On February 12, 2013, the applicant was again described as using Xanax, along with Norco and morphine. On February 11, 2014, the applicant reported 9/10 headaches. The applicant was given an injection of morphine owing to flare-up pain in the clinic setting. Norco and Xanax were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**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 brief usage of anxiolytics such as Xanax may be appropriate for brief period, in cases of overwhelming symptoms, so as afford an applicant with the opportunity to recoup emotional and physical resources, in this case, however, the attending provider is seemingly employing Xanax for chronic, long-term, and scheduled-use purposes, for anxiety and insomnia. This is not an approved indication for the same, per ACOEM. The applicant appears to have been using Xanax for what appears to be a span of several years. Therefore, the request is not medically necessary.