

Case Number:	CM14-0087834		
Date Assigned:	07/23/2014	Date of Injury:	03/18/2001
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 a filed a claim for major depressive disorder, personality disorder, and chronic low back pain reportedly associated with an industrial injury of March 18, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; attorney representation; unspecified amounts of physical therapy; earlier inguinal hernia repair surgery; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report dated May 14, 2014, the claims administrator partially certified a request for Xanax and conditionally denied a request for Norco. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 7, 2014, it was acknowledged that the applicant was not working from a mental health perspective owing to issues with major depressive disorder (MDD) and personality disorder. It did not appear that the applicant had worked in several years. In a handwritten medical progress note dated May 30, 2014, the applicant reported persistent complaints of low back pain, groin pain, and "extreme" psychiatric issues. The applicant was reportedly in stress. The note was difficult to follow. It was not clear whether the medical or mental health issues were predominant. The applicant was placed off of work, on total temporary disability. The applicant's medication list was not furnished on this occasion. In an earlier note dated April 15, 2014, the applicant was again placed off of work, on total temporary disability. The applicant's mental health issues were "worse than ever," it was suggested. The applicant was asked to continue Norco and Xanax. In an earlier note dated February 10, 2014, the applicant was asked to continue Xanax, obtain a psychiatric evaluation, and remain 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 1 MG # 45: Upheld

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

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 the ability to achieve a brief alleviation of symptoms so as to recoup emotional or physical resources, in this case, the attending provider has seemingly endorsed Xanax on several office visits over the span of several months, referenced above. The attending provider, thus, is using Xanax for chronic, long-term, and scheduled use purposes, for anxiety. This is not an ACOEM approved indication for the same. It is further noted that the ongoing usage of Xanax has failed to attenuate the applicant's mental health issues as the applicant continues to report that his psychiatric issues are "worse than ever," at each visit. The applicant remains off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Xanax usage. Therefore, the request is not medically necessary.