

Case Number:	CM14-0205405		
Date Assigned:	12/17/2014	Date of Injury:	05/11/1994
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 54-year-old female with a date of injury of 05/11/1994. According to progress report dated 08/14/2014, the patient is feeling more depressed and reports it is hard to "get out of bed." She fears of losing everything. Beck Depression Inventory is 51 and Beck Anxiety Inventory is 52. Subjective complaints include anger, anxiety, appetite disturbance, depression, diminished energy, and exaggerated startle response. Objective/mental status exam shows angry, anxious, depressed, impaired concentration, memory impairment, obvious physical discomfort, tearfulness, and suicidal ideation. Treatment plan was for cognitive behavioral therapy. The patient has listed diagnoses of: 1. Major depressive disorder. 2. Posttraumatic disorder. The medical file provided for review includes 2,493 pages of psychiatric reports. Documents continually note that the patient has major depression, and the patient is unstable without her medications. This is request for refill of Xanax 0.5 mg #75. The utilization review denied the request on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #75: 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), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic depression. Current request is for Xanax 0.5 mg #75. It is unclear when this patient was first prescribed this medication. The utilization review denied the request stating that prior request for Xanax was modified to wean the patient off this medication. For benzodiazepines, the MTUS guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The MTUS guidelines recommend maximum of 4 weeks due to "unproven efficacy and risk of dependence." It appears the patient has been utilizing this medication prior to this request, and the treating physician is requesting a refill of #75. The requested Xanax is not medically necessary.