

Case Number:	CM14-0060210		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2002
Decision Date:	05/12/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/01/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 62-year-old female, with a reported date of injury of 03/23/2002. The diagnoses include chronic pain disorder, major depression, generalized anxiety disorder, and sleep disorder. Treatments to date have included psychotherapy and oral medications. The medical report dated 04/01/2014 indicates that the injured worker complained of chronic pain, anxiety, and depression. She reported that she had been more anxious and under stress. The medications helped the injured worker with chronic pain, sleep disturbance, depression, and anxiety. The objective findings include a normal and logical thought process, a blunted affect, depressed mood, intact judgment, good insight, and thought content within normal limits. The treating physician requested Xanax 0.5mg for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 03/23/2002. The medical records provided indicate the diagnosis of chronic pain disorder, major depression, generalized anxiety disorder, and sleep disorder. Treatments to date have included psychotherapy and oral medications. The medical records provided for review do not indicate a medical necessity for Xanax 0.5mg. Alprazolam (Xanax) is a benzodiazepine. The MTUS does not recommend the use of the benzodiazepines for longer than 4 weeks. The records indicate the injured worker has been using this medication longer than 10/30/2012.