

<b>Case Number:</b>	CM15-0007767		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 45 year old female, who sustained an industrial injury on 8/22/2013. The current diagnoses are major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. Currently, the injured worker continues to have symptoms of depression, anxiety, and stress-related medical complaints. Treatment to date has included medications and psychiatric evaluation. The treating physician is requesting Xanax 0.5mg #60 with 2 refills and Prosom 2mg #30 with 2 refills, which is now under review. On 1/12/2015, Utilization Review had non-certified a request for Xanax 0.5mg #60 with 2 refills and Prosom 2mg #30 with 2 refills. The medications ere modified to initiate a weaning process. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Prosom 2mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions."The request for Pharmacy purchase of Prosom 2mg #30 with 2 refills i.e. a 3 month supply is excessive and not medically necessary as Benzodiazepine medications are indicated only for short term use per the guidelines.

**Xanax 0.5mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." The request for Xanax 0.5mg #60 with 2 refills i.e. a 3 month supply is excessive and not medically necessary as Benzodiazepine medications are indicated only for short term use per the guidelines.