

Case Number:	CM15-0102124		
Date Assigned:	06/04/2015	Date of Injury:	08/27/2011
Decision Date:	07/13/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/27/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 52 year old male who sustained an industrial injury on 8/27/2011 involving the head, neck, right shoulder and upper extremity, left buttock and lower extremity, back, and left ankle/foot pain. He suffers from chronic pain syndrome, headache, back pain, radiculopathy, insomnia, and depression. He reported worsening in his left knee. He has received injections and underwent counseling, which he felt was beneficial. On 1/21/2015, he was seen for medication maintenance. He reported headaches and pain in the affected areas injured above, as well as in the abdomen. He rated his pain with medications a 6/10, and without medications 9/10. On 04/27/15 the patient endorsed depression, stress, feelings of worthlessness, inadequacy, decreased sleep and energy, difficulty concentrating, and occasional psychomotor agitation. His diagnosis is major depressive disorder recurrent severe, anxiety, and insomnia. He was on Viibryd 40mg, Trazodone 50mg, and Xanax 0.5mg. UR of 04/27/15 denied the Xanax. No recent records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #40: 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 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Xanax is a benzodiazepine, which is not recommended for long-term use due to the potential for abuse and dependence, and diminishing anxiolytic effect over long term use. The patient does not appear to have been given a true anxiety disorder diagnosis, however ODG's recommendations as first line treatment is an antidepressant (SSRI/SNRI). She is taking Viibryd, a SSRI. There is no rationale provided for the ongoing use of Xanax. This request is therefore not medically necessary.