

Case Number:	CM15-0104916		
Date Assigned:	06/09/2015	Date of Injury:	11/07/2013
Decision Date:	08/12/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year-old man sustained an industrial injury on 11/7/2013. The mechanism of injury is not detailed. Diagnoses include post-traumatic stress disorder and major depressive disorder. Treatment has included oral medications. Physician notes from the psychiatrist dated 5/8/2015 show a follow up note with reports of improved sleep described as refreshing, feeling less depressed, occasional feelings of hopelessness, decreased energy level, and psychomotor agitation. Recommendations include Viibryd, Xanax, Belsomra, Cialis, and cognitive behavior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg quantity 75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p24 Page(s): 24.

Decision rationale: The claimant sustained a work-related injury in November 2013 and continues to be treated for chronic neck and back pain, PTSD, and major depressive disorder. Xanax is being prescribed for anxiety. When seen, there was less depression. Cognitive behavioral therapy was recommended. Xanax is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, the claimant has been prescribed Xanax on a long-term basis. If being used for anxiety, there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued use of Xanax is not medically necessary.