

Case Number:	CM15-0105970		
Date Assigned:	06/10/2015	Date of Injury:	10/18/2007
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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:

The injured worker is a 63-year-old female with an industrial injury dated 10/18/2007. Her diagnosis included depression/anxiety, chronic pain syndrome, and adjustment disorder with anxiety, and chronic muscle spasms. Prior treatments included medications and treatment for the physical part of her industrial injury and psychiatric treatment. She presents on 05/06/2015 for follow up for anxiety and depression associated to a work related injury. Some medication changes were made during her last visits and she had improved with the change. She was trying to reduce her Xanax. Ambien had been discontinued and she was placed on Vistaril for anxiety and to take at bedtime as needed for sleep. The provider documents the injured worker is not experiencing any auditory or visual hallucinations. Her insight and judgment were fair. Her medications were Lexapro 20 mg daily, Xanax 1 mg twice daily Seroquel XR 50 mg one in the morning and two in the evening and Vistaril 25 mg three times daily for anxiety or at night if needed for sleep. The provider documents that patient education was discussed in detail about medication risks and benefits, adverse effects, side effects and therapeutic effects. The treatment plan included medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg quantity 60: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in October 2007 and continues to be treated for chronic pain, depression, and anxiety. When seen, there was normal left wrist range of motion. The claimant's BMI was over 34. Xanax (Alprazolam) is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety, which may be occurring in this case. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of Xanax is not medically necessary.