

<b>Case Number:</b>	CM15-0106326		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 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 applicant is a represented 48-year-old who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of June 29, 2004. In a Utilization Review report dated May 27, 2015, the claims administrator partially approved a request for Xanax, apparently for weaning or tapering purposes. A May 18, 2015 RFA form and associated progress note of May 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Norco, OxyContin, Xanax, Abilify, and Cymbalta, it was reported. It was stated that the applicant was using Xanax for anxiolytic effect. The applicant was also smoking every day and using marijuana, an illicit substance, it was noted in various sections of the note. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. In a psychiatry note dated May 13, 2015, the applicant reported ongoing issues with depression with attendant symptoms of anxiety. The applicant was apparently self-procuring Xanax, it was reported. The applicant was given refills of Abilify, Cymbalta, and Xanax. It was stated that the applicant was using Xanax at a rate of twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for Xanax, a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods", in case of overwhelming symptoms, here, however, the attending provider and/or applicant are seemingly intended to continue usage of Xanax on a twice daily basis, for anxiolytic effect. This was/is not, however, an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.