

Case Number:	CM15-0011063		
Date Assigned:	02/10/2015	Date of Injury:	05/30/2011
Decision Date:	04/10/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 5/30/11. She has reported sexual harassment by a merchandiser while working. The diagnoses have included depressive disorder, anxiety, and psychological factors affecting medical condition. Treatment to date has included medications and psychological sessions. Currently, as per the physician progress note dated 11/25/14, the injured worker complains of depression, excessive worry, disturbing memories, change in weight, difficulty thinking, panic attacks, shaking and fear that people are following her. Physical exam revealed visible anxiety, depressed facial expressions, and soft spoken. The current medications included Lexapro, Temazepam and Xanax. On 1/8/15 Utilization Review non-certified a request for Temazepam 30mg #30 refill: 1 and Xanax 0.5mg #60 refill: 1, noting that weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30 refill:1: 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.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because the efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had sleep difficulties for years as well as panic attacks. The claimant had been on an SSRI as well as Temazepam since at least 2011. Long-term use of Temazepam as noted above is not indicated and therefore not medically necessary.

Xanax 0.5mg #60 refill:1: 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.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because the efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had sleep difficulties for years as well as panic attacks. The claimant had been on an SSRI as well as Xanax since at least 2011. Long-term use of Xanax as noted above is not indicated and therefore not medically necessary.