

Case Number:	CM15-0131931		
Date Assigned:	07/20/2015	Date of Injury:	02/02/2010
Decision Date:	09/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 who sustained an industrial injury on 02/02/2010. Current diagnoses include general anxiety, major depression, and industrial posttraumatic stress disorder. Previous treatments included medications and psychotherapy. Report dated 06/03/2015 noted that the injured worker presented for medication monitoring. The injured worker noted that she was doing much better, sleeping well, anxiety is very low most of the time, and is not depressed. It was further noted that the injured worker has noticeable and uncomfortable anxiety when she drives past her old work place. Physical examination was positive for notable shortness of breath initially, she appears calmer, less scattered, good direct contact, and not depressed. Thinking is more lucid, focused, organized but has trouble with self direction and sustaining motivation, resilience is a bit improved. The treatment plan included prescribing Remeron, Xanax, and follow up in 2 months. The physician noted that she is clearly benefiting from the medication, but still requires a bit extra Xanax because she is not consistently stable. Disputed treatments include Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #35 with 1 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Health Chapter, Benzodiazepine.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. While it is noted that the injured worker suffers from anxiety, mild depression, the documentation submitted for review indicates that the injured worker has been using this medication long term since at least 4/2013. As the treatment is not recommended for long-term use, the request is not medically necessary.