

Case Number:	CM15-0132350		
Date Assigned:	07/20/2015	Date of Injury:	05/03/2008
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
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 46 year old male who sustained an industrial injury on 5-3-08. Diagnoses are status post traumatic brain injury, depression and anxiety with panic; recurrent, cervical torticollis, spasmodic thoracolumbar scoliosis, chronic pain, former alcohol use, chronic obstructive pulmonary disease, and restrictive lung disease from hardware in spine. In a chart note dated 5-13-15, the treating physician reports the injured worker is seen in follow up of traumatic brain injury, depression, thoracic spine fracture, status post global fusion from T1 through S1 and chronic pain. He was injured when a racing car ran over him traveling at a speed greater than 100 miles per hour. He reports the Botox injections have been so effective that he has been able to reduce his dose of Methadone to 10mg per day. He has headaches if he does not have the Botox injections. He has daily spine pain. He has sensory changes in his legs and weakness in his legs since the spine surgery. He has balance difficulties and gait changes since surgery. He has no rotational motion of his spine at the waist because of the hardware placed along his spine. He had isolated, random, independent jerking of his limbs. Gait and station were wide based and antalgic. He appeared depressed. He was depressed previously and it resolved with Prozac. He wanted to get off all medications and since he has stopped this, the depression and anxiety have returned. He has been more depressed lately and reclusive and has also had periods of shortness of breath and panic which awaken him at night. Past medical history notes he is a recovering alcoholic. He stopped drinking after the accident. He used to smoke and has stopped this as well. For his depression, the physician recommended that he resume Prozac 40mg

a day, add Klonopin 1mg twice a day, and Xanax 0.5 mg four times a day. He is noted as permanent and stationary. The requested treatment is Xanax 0.5 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. The documentation submitted for review indicates that the injured worker has been using this medication since 3/2015. While indicated for the injured worker's anxiety, as the treatment is not recommended for long term use, the request is not medically necessary.