

Case Number:	CM15-0138656		
Date Assigned:	07/28/2015	Date of Injury:	09/04/1996
Decision Date:	09/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 65 year old male who sustained an industrial injury on September 4, 1996, incurring low back and hip injuries. He underwent a total hip replacement in July, 2014. He also underwent a lumbar laminectomy. Treatment included antidepressants, anti-anxiety medications, pain medications, neuropathic medications, transcutaneous electrical stimulation unit, physical therapy, topical analgesic gel, and activity modifications. Currently, the injured worker complained of increased lower back pain and lower extremities radiating into both hips. He complained of constant sharp pain in both legs and the lower back. He was diagnosed with nerve palsy and major depressive affective disorder with generalized anxiety disorder. The treatment plan that was requested for authorization included a prescription for Xanax. On 6/19/2015, Utilization Review non-certified Xanax 0.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Xanax® (Alprazolam).

Decision rationale: According to the cited MTUS guidelines, benzodiazepines (e.g. Xanax) are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. However, according to the ODG, Xanax is used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. The injured worker's records indicate that he has been on Xanax, in addition to 4 mood stabilizers, for severe depression and anxiety. He is currently pending an intensive outpatient program 4 days per month x 4 months. Recommend weaning Xanax per guidelines. Based on the cited guidelines and medical records available, Xanax 0.5mg #60 is medically necessary and appropriate in the case of this injured worker.