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| Case Number: | CM15-0145178 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 11/30/2012 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 36 year old female who sustained an industrial injury on November 30, 2012. She reported neck, back and wrist pain that occurred after being physically assaulted during a robbery. According to a psychiatric progress report dated June 8, 2015, the injured worker suffered from chronic post-traumatic stress disorder. She had recurrent anxiety, panic attacks and nightmares. Currently she was afraid to go to public places such as shopping malls, the bank and the supermarket. She needed ongoing psychiatric treatment with medication and psychotherapy. Her psychiatric symptoms were active, unstable, disabling and persistent. The treatment plan included Xanax increased to 1 mg three times a day due to increase in symptoms, Viibryd 240 mg every daily in the evening, Seroquel 50 mg two at bedtime for nightmares, Topamax 25 mg at bedtime for mood swings, Toprol XL 50 mg daily to address anticipatory anxiety, Dexilant 60 mg to address severe heartburn caused by the high amount of stress from the symptoms. The injured worker remained temporarily totally disabled. Currently under review is the request for Xanax .5 mg #90. Documentation shows long term use of Xanax dating back to 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 24.

Decision rationale: According to the MTUS, benzodiazepine medications are 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, xanax, a benzodiazepine medication, has been used for longer than the recommended amount of time. The continued use of xanax is not medically necessary.