

Case Number:	CM15-0147801		
Date Assigned:	08/10/2015	Date of Injury:	02/28/2012
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, New York
 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 was a 41 year old male, who sustained an industrial injury, February 28, 2012. The injured worker previously received the following treatments Cymbalta, Lyrica, Fentanyl, Xanax, Seroquel, Norco, Anaprox, Ambien, psychological services, Neurontin and Naproxen. The injured worker was diagnosed with anxiety, depression, major depressive single episode severe with psychotic features, panic disorder with agoraphobia, cervical spondylosis, chronic lumbago, right shoulder impingement syndrome and AC joint degeneration joint disease, right greater trochanter bursitis, chronic intractable pain, posterior medial meniscal degeneration and tear of the right knee, possible right L3 and L4 intermittent radiculopathy, left extensor carpi ulnaris tendonitis and thoracic strain. According to progress note of April 17, 2015, the injured worker's chief complaint was the injured worker was better mentally with good response to treatment. There were no new symptoms or side effects from current medications. The injured worker continued to see a therapist at the mental health clinic. The injured worker had anxiety, tension and irritability which were reduced. The paranoia, depression and crying was also reduced. The examination noted the injured worker was exhibiting somewhat of a less tense and depressed mood, There was a rare smile, no laughing or weeping. The injured worker did not exhibit any paranoia or hallucinatory behavior. The injured worker's judgment and insight were intact at the time of this visit with no impairment of reality testing. The treatment plan included a prescription for Xanax for weaning over the next 3-4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax tab 2mg #90, 1 refill: Upheld

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

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 section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 2 mg #90 with one refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured workers working diagnoses are major Depression, single episode, severe with psychotic features; and panic disorder with agoraphobia. The date of injury is February 28, 2012. Request for authorization is dated July 2, 2015. According to a psychiatric evaluation dated January 30, 2015, reduce Xanax 2 mg to 1 tablet tid. According to the most recent progress note dated June 12, 2015, subjective complaints included anxiety, tension and irritability, paranoia is reduced, depression is reduced, insomnia is reduced and panic attacks are reduced. The Xanax start date is not specified in the medical record. Xanax is not recommended for long-term use (longer than two weeks). At a minimum, Xanax was prescribed January 30, 2015. The treating provider prescribes Xanax in excess of six months. There are no compelling clinical facts in the medical record to support the ongoing use of Xanax. According to the utilization review, it was a recommendation to wean Xanax starting June 2015. There was no attempt at Xanax weaning in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing Xanax. Consequently, absent compelling clinical documentation to support the ongoing use of Xanax, treatment continued in excess of the recommended guidelines, documentation demonstrating objective functional improvement and attempted weaning, Xanax 2 mg #90 with one refill is not medically necessary.