

Case Number:	CM15-0149696		
Date Assigned:	08/12/2015	Date of Injury:	04/27/2015
Decision Date:	09/24/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female with an April 27, 2015 date of injury. A progress note dated July 14, 2015 documents subjective complaints (anxiety, tension, irritability, and quick temper; depression and related symptoms; occasional crying episodes; insomnia due to pain and worry; random panic attacks; increased appetite and weight; low energy level; low sociability), objective findings (serious, tense, and dysphoric mood; rare smiling; occasional weeping; thought content somewhat tense and dysphoric; intact judgment and insight), and current diagnoses (adjustment disorder with mixed anxiety and depressed mood). Treatments to date have included medications and psychotherapy. The treating physician documented a plan of care that included Xanax 0.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 #90: Upheld

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 rationale: The patient presents on 07/14/15 with anxiety, tension, irritability, depression, insomnia, panic attacks, increased appetite, and weight gain. The patient's date of injury is 04/24/15. Patient has no documented surgical history pertinent to this request. The request is for XANAX 0.5 #90. The RFA was not provided. Progress note dated 07/14/15 does not include any physical examination findings. The patient is currently prescribed Lexapro and Xanax. Patient is currently not working. MTUS Guidelines, Benzodiazepines section, page 24 states: 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. In regards to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant psychiatric complaints, the requested 90 tablet prescription in addition to prior use exceeds guidelines. Furthermore, records indicate that this patient has been prescribed Xanax for an unspecified duration prior to this request, as the provider wishes to increase this patient's Xanax dosage. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, is not supported by guidelines. Therefore, the request is not medically necessary.