

<b>Case Number:</b>	CM15-0162749		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, dysthymia, depression, anxiety, and insomnia reportedly associated with an industrial injury of October 18, 2007. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for Xanax. A July 28, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant's medications reportedly included Lexapro, Xanax, Seroquel, Ambien, Lipitor, and Neurontin, it was reported. The applicant had issues with anxiety and depression. It was suggested that the applicant was in fact using Xanax for anxiolytic effect at a rate of 3 times daily. On August 25, 2015, the applicant was given refills of and/or asked to continue Xanax, Ambien, Seroquel, and Lexapro. It was acknowledged that the applicant was in fact using Xanax up to thrice daily for anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg, #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** No, the request for Xanax, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 75-tablet renewal request for Xanax implies chronic, long-term, and/or twice to thrice daily usage of the same, as was suggested on the applicant psychiatrist progress note of August 25, 2015. Such usage, however, runs counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.