MAXIMUS Federal Services

Case Number:	CM15-0163446		
Date Assigned:	08/31/2015	Date of Injury:	01/24/2011
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 1-24-2011. Diagnoses have included major depressive disorder, single episode, generalized anxiety disorder and psychological factors affecting medical condition. Treatment to date has included medication. Per the medication management evaluation dated 4-14-2015, it was noted that the prescribing psychiatrist indicated that all the medications interacted to improve anxiety, depression, confusion, panic, emotional control and stress-intensified medical complaints. According to the progress report dated 4-22-2015, the injured worker had been under increasing stresses recently. Physical exam revealed the injured worker to appear much less depressed with more expressive affect. Authorization was requested for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax tab 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Benzodiazepines.

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

Decision rationale: The claimant sustained a work injury in January 2011 and is being treated for major depressive disorder, generalized anxiety disorder, and stress-related headaches, neck and shoulder pain, shortness of breath, chest pain, constipation, and possible stress-related hypertension. Citalopram, trazodone, Klonopin, Restoril, and risperidone are being prescribed. In April 2015, the claimant was having increased stress. His weight was over 300 pounds. He had lower extremity edema. Authorization is being requested for continued prescribing of Xanax. Xanax (alprazolam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis. A more appropriate treatment for anxiety disorder is an antidepressant and additional antidepressant medication could be considered. Gradual weaning of Xanax is recommended for long-term users. Continued prescribing is not medically necessary.