

Case Number:	CM15-0163531		
Date Assigned:	08/31/2015	Date of Injury:	08/28/2012
Decision Date:	09/30/2015	UR Denial Date:	08/19/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 8-28-2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic pain disorder, major depression disorder, general anxiety disorder, and sleep disorder secondary to physical condition. Treatments to date include psychopharmacological management and psychotherapy. Currently, she complained of ongoing pain, anxiety and depression. The records indicated report of sleepiness with Xanax, however, found helpful used before bedtime. The records also documented reluctance of the injured worker for using multiple medications. On 7-27-15, the physical examination documented symptoms including feelings of hopelessness, helplessness, worry, and ruminative, insomnia, decreased libido and lack of enjoyment in usually pleasurable activities. The plan of care included Xanax 0.5mg tablets and Klonopin 0.5mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5.18.15 Xanax 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had anxiety and depression. The claimant was prescribed Xanax for several months. Long-term use is not indicated over SSRIs and behavioral interventions. Continued use of Xanax 5/18/15 is not medically necessary.

Retro DOS: 5.18.15 Klonopin 0.5mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had anxiety and depression. The claimant was prescribed Xanax for several months. Long-term use is not indicated over SSRIs and behavioral interventions. Use of Klonopin with Xanax and for prolonged time as prescribed on 5/18/15 is not medically necessary.