

Case Number:	CM15-0164346		
Date Assigned:	09/01/2015	Date of Injury:	08/01/2012
Decision Date:	10/05/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 is a 54 year old male, who sustained an industrial injury on August 1, 2012. He reported neck and left shoulder pain. Treatment to date has included psychotherapy, medication, epidural injection, x-ray, MRI, electrodiagnostic study, physical therapy, surgery, acupuncture, pain management, traction and toxicology screen. Currently, the injured worker complains of constant neck pain rated at 7-9 on 10, constant shoulder pain rated at 8-9 on 10 and hip pain with ambulation rated at 9 on 10. He report difficulty swallowing, sleep disturbance, depression and anxiety. The injured worker is currently diagnosed with depressive disorder (not otherwise specified) and panic disorder with agoraphobia. His work status is temporary total disability. A note dated April 2, 2015 states the injured worker experienced headaches and vertigo from the epidural injection. A progress note dated June 4, 2015 states the injured worker experienced increased anxiety with the reduction of Xanax. A psychiatric note dated July 9, 2015 states the injured worker continues with increased anxiety. The therapeutic response to physical therapy, surgery, acupuncture and traction was not included in the documentation. The medication Xanax 2 mg #120 is requested to alleviate symptoms of anxiety and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

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

Decision rationale: Guidelines state that Xanax is not recommended for long term use as long term efficacy is unproven and there is a risk of dependence. In this case, the patient has been treated with Xanax since April 2015 which exceeds guideline recommendations. The request for Xanax 2 mg #120 is not medically appropriate and certified.