MAXIMUS Federal Services

Case Number:	CM15-0169861		
Date Assigned:	09/10/2015	Date of Injury:	07/24/2006
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina
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:

This 46 year old male sustained an industrial injury to the low back on 7-24-06. The injured worker was currently receiving ongoing psychiatric treatment for depression. In a psychiatric progress note dated 2-6-15, the injured worker complained of ongoing mild depression and low back pain. The injured worker had been having financial issues, feelings of hopelessness and decreased concentration. The injured worker felt frustrated that he could not do the things he used to do. The injured worker slept for six hours at night and had a good appetite. The treatment plan included increasing Brintellix dosage and continuing Xanax. In a psychiatric progress note dated 7-23-15, the physician noted that the injured worker had been doing fairly well regarding his depression. The injured worker had been compliant with medications, slept for 5-6 hours each night and enjoyed cooking, watching television and cleaning. The injured worker described his depression as mild. The injured worker had no feelings of hopelessness, helplessness or suicidal ideation. Current diagnoses included major depressive disorder. The treatment plan included discontinuing Brintellix, initiating Cymbalta and continuing Xanax. On 7-30-15 Utilization Review non-certified a request for Xanax due to potential dependency and tolerance with long term use and citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term us of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.