

Case Number:	CM15-0180187		
Date Assigned:	09/22/2015	Date of Injury:	08/01/2012
Decision Date:	10/27/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 55 year old man sustained an industrial injury on 8-1-2012. The mechanism of injury is not detailed. Diagnoses include depressive disorder and panic disorder with agoraphobia. Treatment has included oral medications. Physician notes from psychiatry dated 8-6-2015 show the worker is doing well since starting Prozac, however, he has had an increase in family stress as his daughter is hospitalized after expressing suicidal ideation. The examination show increased anxiety, increased tension, increased irritability, decreased depression, decreased crying episodes, denies feeling life is not worth living, denies suicidal ideation, reduced insomnia, impaired memory and concentration which necessitates him taking notes daily, appetite and weight are lowered, decreased energy levels, panic attacks and agoraphobia, low sociability, denies use of alcohol or drugs, denies thought of hurting himself or others, denies auditory hallucinations, appropriate grooming, polite, cooperative, reliable, tense and dysphoric mood, occasional smiling, laughing and weeping, thought content is less depressed and is consistent with mood and circumstances, no thought disorder, denies psychotic symptoms, and judgment and insight are intact. Recommendations include Wellbutrin XL, Xanax, Restoril, Prozac, and follow up in four weeks. Utilization Review modified a request for Xanax citing this medication is not recommended for long-term use. There is documentation the worker has been using this medication since February 2013 and documentation indicates an increase in anxiety, tension, and irritability despite use of this medication. Recommendations were made for weaning due to exceeding guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 2 mg #120 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are depressive disorder NOS; and panic disorder with agoraphobia. Date of injury is August 1, 2012. Request authorization is August 6, 2015. According to a QME dated April 2, 2015, the treating provider prescribed Xanax as far back as February 2013. According to the psychiatric progress note dated July 9, 2015, subjective complaints include anxiety, tension, and irritability are increased; depression is decreased; crying episodes reduced the nice suicidal ideation and insomnia has been reduced. The injured worker has been taking Xanax for approximately 2 years. According to the utilization review # [REDACTED] weaning was recommended. The treating provider has requested the same number of Xanax 2 mg (#120). There is no documentation demonstrating objective functional improvement. Additionally, benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating provider has treated the injured worker with Xanax for approximately 2 years. The guidelines do not recommend long-term use (longer than two weeks). Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines, Xanax 2 mg #120 is not medically necessary.