

Case Number:	CM15-0182851		
Date Assigned:	09/23/2015	Date of Injury:	07/25/2003
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic wrist pain, depression, and anxiety reportedly associated with an industrial injury of July 25, 2003. In a utilization review report dated August 27, 2015, the claims administrator failed to approve a request for Xanax while approving a request for Effexor and Wellbutrin. The claims administrator referenced an RFA form received on August 3, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On September 27, 2015, the applicant was described as having issues with bilateral upper extremity pain complaints, bilateral wrist pain complaints, and severe depression with associated anxiety. The applicant was severely obese, with a BMI of 36, it was reported. The applicant's medication list included Ambien, Effexor, Norco, Xanax, Wellbutrin, Ambien, and Pristiq. The applicant was using Xanax at a rate of three tablets daily, it was reported. Xanax, Wellbutrin, Norco, and a topical compounded agent were endorsed. The applicant was given a rather proscriptive 5-pound lifting limitation. It did not appear, however, the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain : Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such a Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 90-tablet renewal or refill request for Xanax implied chronic, long-term, and/or thrice daily usage, i.e., usage which ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.