

Case Number:	CM15-0190720		
Date Assigned:	10/29/2015	Date of Injury:	07/13/2000
Decision Date:	12/17/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 58 year old female with a date of injury on 07-13-2000. The injured worker is undergoing treatment for depressive disorder, panic disorder with agoraphobia and generalized anxiety disorder. A physician progress note dated 08-31-2015 documents the injured worker is frustrated, depressed and hopeless most of the time, and she has lost interest in things. Her appetite is decreased and she has lost weight. She has difficulty sleeping; she is feeling tired and fatigued most of the time. She has excessive anxiety and cannot relax herself. She is annoyed and irritable. Her mood is described as frustrated, depressed and anxious. Affect is restricted. The treatment plan includes cognitive behavioral therapy, increase Cymbalta to 120mg twice a day, continue Ambien, continue Xanax and return in 3 months or as needed. Present documented treatment to date has included diagnostic studies, medications, physical therapy, cognitive behavioral therapy, and knee brace. The Request for Authorization dated 08-31-2015 includes Xanax (since at least 02-23-2009) and psyche therapy. On 09-11-2015 Utilization Review non-certified the request for one prescription for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Xanax: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Benzodiazepines.

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

Decision rationale: MTUS states: Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax on an ongoing basis since 2009 with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for continued use of Xanax is not medically necessary.