

Case Number:	CM15-0194168		
Date Assigned:	10/08/2015	Date of Injury:	03/01/2004
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old female injured worker suffered an industrial injury on 3-1-2004. The diagnoses included cervical spine sprain-strain, rule out herniated nucleus and left shoulder internal derangement. On 8-24-2015 the treating provider reported trouble sleeping and stress. The provider checked off on the progress note gastritis, insomnia and constipation. There was no evidence of a comprehensive physical exam without indication for the use of Xanax. Request for Authorization date was 8-24-2015. The Utilization Review on 9-2-2015 determined non-certification for Xanax tablets 0.25mg every night at bedtime quantity 30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax tablets 0.25mg every night at bedtime quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; Mental Illness and Stress, Benzodiazepine.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding 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. The documentation submitted for review does not specify an indication for the request. As benzodiazepines are not recommended for long term use, the request for 3 month supply is not appropriate. The request is not medically necessary.