MAXIMUS Federal Services

Case Number:	CM15-0197748		
Date Assigned:	10/13/2015	Date of Injury:	04/25/2000
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 59 year old female, who sustained an industrial injury on 4-25-2000. The injured worker is undergoing treatment for major depressive disorder, recurrent type, mood congruent, moderate to severe, in remission. Medical records dated 8-21-2015 indicate the injured worker has increased to full time work as of 7-27-2015 and indicates possible ill feelings between the injured worker and her employer. The treating physician indicates active medication on 8-21-2015 are Aplenzin 522mg q AM, Atarax 25mg 2 q 4PM, 1 qhs and Lunesta 3 mg qhs. Physical exam dated 8-21-2015 notes normal vital signs, normal reflexes and equal and reactive pupils. Treatment to date has included psychiatric care, Aplenzin, Atarax, Xanax and Lunesta. The original utilization review dated 9-24-2015 indicates the request for Xanax 0.5mg #30 Q 7 am (Anxiolytic) #30.00 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30 Q 7 am (Anxiolytic) qty 30.00: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury in April 2000 and is being treated for chronic low back pain and major depressive disorder. She has a history of a lumbar fusion with partial hardware removals and a spinal cord stimulator with failure of the device. When seen, there were normal vital signs. Reflex responses were 3+ bilaterally. Medications were refilled. Xanax was being prescribed for anxiety. Xanax (Alprazolam) is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. 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. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.