

Case Number:	CM15-0203189		
Date Assigned:	10/19/2015	Date of Injury:	08/25/2013
Decision Date:	12/04/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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

Certification(s)/Specialty: Family Practice

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 26 year old female, who sustained an industrial injury on 08-25-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for post-traumatic stress disorder, and major depression. Medical records (to 09-16-2015) indicate ongoing panic attacks, stress, depression and anxiety. It was reported that the IW had previously been hospitalized after attempting to hurt herself. Records also indicate a recent increase in exercise. Per the treating physician's progress report (PR), the IW has not returned to work. The physical and psychological exams, dated 09-16-2015, revealed a depressed mood with a blunt affect, and visible trembling in every part of the body. Relevant treatments have included: psychological and psychiatric treatments, work restrictions, and medications (diazepam and Xanax for several months). The request for authorization (09-16-2015) shows that the following medications were requested: diazepam 10mg #90, and Xanax 1mg #120. The original utilization review (10-02-2015) partially approved the request for diazepam 10mg #90 (modified to #45), and Xanax 1mg #120 (modified to #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Diazepam 10mg: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter/benzodiazepines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. According to ODG's mental illness and stress chapter, benzodiazepines are 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. In this case, the medical records note that Utilization Review has allowed for modification for weaning purposes of benzodiazepines. The long-term utilization of benzodiazepines is not supported. The request for 90 tablets of Diazepam 10mg is not medically necessary and appropriate.

120 tablets of Xanax 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter - PTSD Pharmacology.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. According to ODG's mental illness and stress chapter, benzodiazepines are 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. In this case, the medical records note that Utilization Review has allowed for modification for weaning purposes of benzodiazepines. The long-term utilization of benzodiazepines is not supported. The request for 120 tablets of Xanax 1mg is not medically necessary and appropriate.