

Case Number:	CM15-0208499		
Date Assigned:	10/27/2015	Date of Injury:	10/05/2004
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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: Washington, 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 injured worker is a 36 year old male who sustained an industrial injury on 10-5-2004. The injured worker is undergoing treatment for depression and anxiety secondary to chronic pain, cervical and shoulder strain, status post lumbar fracture with screw fixation, status post tibial fracture, open reduction internal fixation (ORIF) right heel, medication-induced erectile dysfunction, lumbar fusion and right ankle fusion. Treatment to date has included spinal cord stimulator trial, steroid injections, trigger point injections, medications, physical therapy, acupuncture, psychological care, surgery and detoxification and weaning off opiates and Soma. Medical records dated 5-19-2015 indicated he was taking Xanax 2-3 times per week for anxiety but was not presently being followed by a psychiatrist or psychologist. However, medical records dated 5-21-2015 indicated Xanax was used twice daily. Urine drug screen 5-21-2015 was negative for Xanax. Medical records dated 9-23-2015 indicated the injured worker complained of continued 6/10 back and leg pain, and urinary urgency but did not comment on presence or absence of mental health symptoms. Present medications as per that visit included Xanax, Neurontin, Ambien, Anaprox, Prilosec and Ultracet. Physical exam noted the patient to be in mild distress and appeared less anxious, lumbar range of motion was painful and restricted, lumbar paraspinal muscle rigidity and positive bilateral straight leg raise was present and there was decreased sensation of L5 dermatome bilaterally. There was also tenderness to palpation of the knees with swelling and crepitus. Ambulation was assisted by use of a cane. The original utilization review dated 10-12-2015 indicates the request for Neurontin 600mg #120 is certified and Xanax 0.25mg #120 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Xanax (alprazolam) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association Practice Guideline also notes little evidence to support long-term use of benzodiazepines for anxiety. This patient has taking this medication for over 2 months for its anxiolytic effect. However, the medical records available for review do not document ongoing anxiety symptoms nor effectiveness of this medication to control them. Continued use is not indicated. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. Medical necessity for continued use of this medication has not been established. The request is not medically necessary.