MAXIMUS Federal Services

Case Number:	CM15-0208811		
Date Assigned:	10/27/2015	Date of Injury:	01/19/2005
Decision Date:	12/14/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, New York, 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 applicant is a represented 30-year-old who has filed a claim for chronic low back pain with derivative complaints of anxiety reportedly associated with an industrial injury of January 19, 2005. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for alprazolam (Xanax). The claims administrator referenced a September 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 25, 2015 office visit, the applicant reported ongoing complaints of chronic low back pain radiating to lower extremities. The applicant's medications included Soma, Lyrica, Xanax, Percocet, Phenergan, Lidoderm patches, Prilosec, and Flector patches, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Percocet, Xanax, Lyrica, Opana, and Cymbalta were endorsed. The applicant's permanent work restrictions were renewed. The attending provider suggested in the Social History section of the note that the applicant was staying at home to take care of her children and was no longer working. The treating provider stated that the applicant was using Xanax on a twice daily basis for anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tablets 0.5mg qty: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for alprazolam (Xanax), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the renewal request or 60 tablets of Xanax (alprazolam) represented chronic, long-term, and twice daily usage of the same, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.