

Case Number:	CM15-0029253		
Date Assigned:	02/23/2015	Date of Injury:	06/01/2014
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 44 year old male, who sustained a work related injury on 6/1/14. He was thrown by water pressure into a metal frame and knocked out. He had head and face trauma. The diagnoses have included anxiety/depression, cervical strain, right maxillary distribution hypesthesia, right orbital medial wall fracture, decreased hearing in right ear and facial lacerations. Treatments to date have included oral medications, physical therapy, CT scans of face and head and right orbit fracture surgery. In the PR-2 dated 12/19/14, the injured worker complains of facial pain and lacerations that are tender to touch. He complains of right facial weakness and numbness. He complains of headaches. He has decreased hearing in right ear and blurred vision with right eye. He complains of persistent neck pain, right greater than left side. He has tenderness to palpation and tightness in the paracervical muscles. He complains of being depressed and anxious due to the chronic pain. On 1/21/15, Utilization Review modified a request for Xanax 0.5mg #30 to Xanax 0.5mg, #30 for tapering to cessation. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX tab, 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants- Benzodiazepines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 24.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are 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. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. XANAX tab, 0.5mg is not medically necessary.