MAXIMUS Federal Services

Case Number:	CM15-0048481		
Date Assigned:	03/20/2015	Date of Injury:	10/30/2003
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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 76-year-old who has filed a claim for chronic low back and knee pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of October 30, 2003. In a Utilization Review Report dated February 23, 2015, the claims administrator failed to approve a request for Xanax. The claims administrator referenced a January 28, 2015 office visit and RFA form of February 13, 2015 in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant reported ongoing complaints of knee and low back pain. The applicant was receiving Social Security Disability Insurance (SSDI), in addition to Workers' Compensation indemnity benefits. Moderate-to-severe pain complaints were reported. The applicant was using Xanax for anxiolytic and sedative effect, it was acknowledged. The applicant received a knee corticosteroid injection. Prilosec, Xanax, and Neurontin were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60 and allow one refill for purpose of weaning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazeprines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 402.

Decision rationale: No, the request for 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, in this case, however, the request in question represented a renewal request for Xanax. The attending provider acknowledged that the applicant was using Xanax for long-term and scheduled use purposes, for anxiolytic and/or sedative effect. These are not, however, ACOEM-endorsed roles for the same. Therefore, the request was not medically necessary.