MAXIMUS Federal Services

| Case Number: | CM15-0048561 | | |
|---|---|---|---|
| Date Assigned: | 03/20/2015 | Date of Injury: | 04/24/2000 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/13/2015 |
| 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 59-year-old male with an industrial injury date of 09/11/1998. Other injury dates are also documented. His initial injury involved orthopedic injuries, however at the time of this review the issue being addresses is generalized anxiety disorder. The most recent records are dated 08/14/2014 and are in the context of an agreed medical evaluation. This evaluation notes the injured worker had depression, lack of self-confidence, waking at night, headaches and panic attacks. The physician notes that all other remedies were exhausted before benzodiazepines were used long term. Other treatments listed are cognitive behavioral therapy, biofeedback, selective serotonin reuptake inhibitors and other sedatives. The provider was requesting authorization for Xanax.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg three times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** The patient presents with depression, anxiety and stress-related medical complaints. The request is for XANAX 1MG THREE TIMES A DAY. The request for authorization is not provided. Per UR letter dated, 02/13/15, patient's complaints include depression, poor motivation, energy, self-esteem worry, panic, restlessness and agitation. His diagnoses were depressive disorder not otherwise specified, amphetamine abuse and psychological factors affecting medical condition as per the psychological evaluation by [redacted] dated, 11/13/14. Physical examination revealed depressed facial expressions and visible anxiety. The patient is not working. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, It is unknown when the patient is prescribed Xanax as there is no provided reports to review. Furthermore, the request for an unspecified quantity of Xanax does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.