

Case Number:	CM15-0049682		
Date Assigned:	03/23/2015	Date of Injury:	05/13/2010
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63-year-old female, who sustained an industrial injury on 05/13/2010. On provider visit dated 02/02/2015 the injured worker has reported upper and lower back, intermittent neck pain, right shoulder pain and stiffness. The diagnoses have included a psych diagnoses. Treatment to date has included physical therapy, medications included Xanax and Prozac and was noted to be under the care of a psychiatrist. A psychiatrist note on 1/15/15 indicated the claimant had anxiety disorder and Panic attacks for which the Xanax provided benefit. The provider requested the medication Xanax 1mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the Xanax was provided for an unknown length of time. The treating psychiatrist had provided an additional 3 months supply. SSRIs such as Prozac have been shown to benefit the claimant's symptoms and are intended for longer term use. The request for prolonged use of Xanax is not recommended by the guidelines and not medically necessary.