MAXIMUS Federal Services

Case Number:	CM15-0056298		
Date Assigned:	04/01/2015	Date of Injury:	08/16/2010
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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 51 year old female, who sustained an industrial injury on August 16, 2010. The injured worker had reported neck, low back and upper extremity pain. The diagnoses have included chronic lumbar pain, lumbar radiculopathy, chronic cervical pain with radiculopathy, anxiety and depression. The injured worker was also noted to have had right thoracic outlet syndrome surgery and a lumbar fusion. The documentation notes that the injured worker developed fibromyalgia and major depressive disorder as a consequence of the industrial cervical, lumbar and upper extremity injuries. The injured worker was noted to be unable to work and unable to maintain her household. Therefore, repeatedly exacerbating her industrial psychiatric injury. The injured worker was noted to have suicidal ideation. Treatment to date has included medications, electrodiagnostic studies, cervical epidural steroid injection, psychological evaluation and cognitive behavior therapy psychotherapy. Current documentation dated January 15, 2015 notes that the injured worker reported continued neck, low back and upper extremity pain. The treating physician's plan of care included a request for the medication Xanax 0.5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

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

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

Decision rationale: The patient presents with low back, neck and right arm pan. The request is for XANAX 0.5MG #30. The request for authorization is not provided. The patient is status-post right carpal tunnel release, date unspecified. She has been hospitalized on a few occasions for TIAs and stress. Carotid ultrasound, 04/23/10, shows no significant stenosis. MRI of the brain, 04/23/10, was found to be normal. Patient's diagnosis include Severe Major Depressive Disorder with Suicidal Ideation and Probable Psychophysiologic contribution to Fibromyalgia. She has trouble dealing with her husband and son who has schizophrenia. Patient reports problems with sleep, is forgetful, has headaches, and ringing to the left ear. Patient has great difficulty with typing and computer use, as well as difficulty with grooming, bathing and dressing. Patient's medications include Ambien, Norco, Savella, Xanax and Lidoderm patches. 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. The patient is prescribed Xanax since at least 05/22/14. The request for additional Xanax #30 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.