

Case Number:	CM15-0082378		
Date Assigned:	06/18/2015	Date of Injury:	12/05/2011
Decision Date:	07/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old female with an industrial injury dated 12/05/2011. The injured worker's diagnoses include adjustment disorder with mixed anxiety and depressed mood. Treatment consisted of prescribed medications and periodic follow up visits. In a psychiatric report dated 04/23/2015, the injured worker reported decreased anxiety, tension, irritability, depression and insomnia. Objective findings revealed appropriate focus, less intense and dysphoric mood, intact judgment and insight. The treating physician requested a prescription for Xanax 1mg - #120 - one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg - #120 - refill one: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #120 with 1 refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is adjustment disorder with mixed anxiety and depressed mood. The treating provider prescribed multiple benzodiazepines since 2012. The injured worker was on Valium in 2013 and ultimately changed to Xanax 1 mg. The documentation indicates anxiety, depression and insomnia have decreased. A progress note dated February 15, 2015 states the injured worker is still taking Xanax 1 mg QID. The injured worker has been on benzodiazepines dating back to 2012. Benzodiazepines are not recommended for long-term use (longer than two weeks). There has been no attempt at weaning Xanax during the course of prolonged treatment. Long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Consequently, absent clinical documentation with an attempt to wean ongoing, long-term benzodiazepine use, Xanax 1 mg #120 with 1 refill is not medically necessary.