

Case Number:	CM15-0088687		
Date Assigned:	05/12/2015	Date of Injury:	03/15/2014
Decision Date:	06/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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 65-year-old who has filed a claim for chronic knee pain with derivative complaints of insomnia reportedly associated with an industrial injury of March 15, 2014. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for Xanax. The claims administrator referenced an RFA form received on March 31, 2015, in its determination. The claims administrator noted that the applicant did have a history of earlier total knee replacement surgery, it was incidentally pointed out. The applicant's attorney subsequently appealed. On January 12, 2015, the applicant reported ongoing complaints of knee pain. The applicant was obese, with a BMI of 31, it was incidentally noted. Swelling about the knee was noted. The applicant was apparently using Norco and Xanax on this date, it was reported. The treating provider stated that he recommended the applicant discontinuing Norco. Naprosyn was endorsed. The applicant was placed off of work, on total temporary disability. It was not clearly stated for what purpose and/or diagnosis Xanax was being employed. On December 8, 2014, the applicant was again asked to continue Norco and Xanax while remaining off of work, on total temporary disability. In a handwritten prescription seemingly dated March 13, 2015, Xanax and Naprosyn were renewed. In an RFA form dated March 13, 2015, authorization for Xanax and Naprosyn was again sought along with additional physical therapy. Once again, it was not stated for what purpose and/or diagnoses Xanax had been prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR 1mg, one tab daily, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for long-term use purposes whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, however, the attending provider's progress notes referenced above did not clearly state for what purposes, issues, and/or diagnosis Xanax had been prescribed, it was incidentally noted. Continued usage of Xanax, moreover, represented treatment in excess of the four weeks of maximum limit of benzodiazepine usage set forth on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.