

Case Number:	CM15-0089520		
Date Assigned:	05/13/2015	Date of Injury:	07/18/2007
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
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: New Jersey

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:

This 45 year old female sustained an industrial injury on 7/18/07. She subsequently reported right lower extremity pain. Diagnoses include depression and anxiety. Treatments to date include psychiatric care and prescription medications. The injured worker continues to experience work related anxiety and depression. On examination, there was no change to her medications. The injured worker denies any thoughts of harm to self or others, denies hallucinations, her judgment and insight are fair. A request for Xanax medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg quantity 90: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher

tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, who has anxiety disorder and panic attacks, Xanax was being used for many months leading up to this request for renewal. However, the records included a report of having significant benefits with the addition of Vistaril in treating the anxiety and panic attacks. The plan, as documented, was to wean off of the Xanax because of this response. There was no clear attempt made to prescribe a small amount of medication and organize a structured weaning to be able to achieve this in a reasonable amount of time. Regardless of this, there was no supportive evidence to suggest ongoing benefit with this medication as recent reports did not include functional benefit with continued use. Therefore, the request for Xanax 1 mg #90 is not medically necessary. A lesser number of pills or a reduction in strength for the purpose of weaning would have been more appropriate.