

Case Number:	CM14-0134607		
Date Assigned:	08/29/2014	Date of Injury:	09/14/1994
Decision Date:	09/26/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old female with date of injury 9/14/94. The treating physician report dated 7/11/14 indicates that the patient reports feeling listless and drained throughout the day. The patient expressed feeling anxious and being unable to concentrate due to elevated pain levels. The physical examination findings reveal that the patient is in a tired state with slow movements and difficulty standing and sitting. The current diagnoses are major depressive disorder and pain associated disorder. The utilization review report dated 8/5/14 modified the request for Xanax .5mg Q4-6H PRN for Severe Anxiety #10 and authorized the request for the purpose of weaning, with a reduction of the medication by 10-20% per week over a weaning period of 2-3 months based on the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg Q4-6H PRN for Severe Anxiety #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Alprazolam (Xanax).

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

Decision rationale: The patient presents with listlessness, feeling drained and feeling anxious with difficulty concentrating. The current request is for Xanax 0.5mg Q4-6H PRN for Severe Anxiety #10. The treating physician reports reviewed show that the patient has been prescribed Xanax (Alprazolam) since at least 3/1/14. The MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. The treating physician provides no documentation of the patient's response to the ongoing usage of Xanax as MTUS requires on page 8 and there is nothing in the reports reviewed to indicate why the patient requires ongoing usage of Xanax beyond the recommended 4 weeks. The utilization review physician has provided authorization for the appropriate weaning of this medication and ongoing usage is not supported. Therefore, this request is not medically necessary.