

Case Number:	CM14-0162239		
Date Assigned:	10/07/2014	Date of Injury:	05/28/2014
Decision Date:	10/31/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/02/2014

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 Pain Medicine 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:

This is a patient with a date of injury of March 14, 2013. A utilization review determination dated October 1, 2014 recommends non-certification of Xanax. Trazodone and Paxil were recommended for certification. A progress report dated September 15, 2014 identifies subjective complaints of anxiety with episodes of depression. The note indicates that the patient has been better since she has gone on routine Xanax twice a day. She still has episodes of crying but less than before. The note indicates that at work, when the patient gets anxious, she has worsening of tremors. She is currently attending counseling. Diagnosis is depression with anxiety related to work stress. The treatment plan recommends continuing Xanax, Paxil, and Trazodone. Additionally, ongoing counseling is recommended. A progress report dated October 7, 2014 indicates that the patient is feeling less stressed at work. She will also be getting some help at work and is only using Xanax occasionally for anxiety. She has been approved for working 4 days a week 9 hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 24 of 127. Decision based on Non-MTUS Citation Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, the requesting physician has indicated that the Xanax improves the patient's anxiety complaints, and therefore improves her function. Additionally, it appears that the Xanax is being used on a PRN basis while they are working on improving the patient's work scheduling and obtaining assistance for her while at work to reduce work stress. Furthermore, prophylactic anxiety medication is being used in the form of Paxil. The most recent progress report indicates that the patient is using Xanax only occasionally. Long-term use of Xanax, is not generally recommended. However, #60 pills as is being requested here, seems reasonable to allow further work, on transitioning the patient to a better work environment while improving her anxiety complaints. Therefore, the currently requested Xanax is medically necessary.