

<b>Case Number:</b>	CM14-0086650		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Child & Adolescent Psychiatry 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 injured worker is a 59 year old male who was injured at work on 11/24/2005. He was accidentally pierced by one of the forks of a forklift machine in his left calf and pinned against a truck dumpster, and when he was released from the machine, he fell sideways, injuring his left wrist. He developed chronic pain in his occiput, neck, shoulder, bilateral upper extremities, with numbness and weakness in his wrists. He was diagnosed with Left wrist strain, Left surgical thumb repair, Lumbar spinal back pain, Left knee surgical meniscectomy, and Left ankle injury. The 3/21/14 progress report by the treating psychiatrist documented that the injured worker was suffering from symptoms of depression and anxiety secondary to the work injury. He was diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood and Major Depression, Moderate. He was prescribed the psychotropic medication Cymbalta 90mg daily. He reported anxiety symptoms with chest discomfort and shortness of breath after the recent death of his nephew. The provider prescribed Xanax 0.25mg twice a day. The UR denial was issued on the basis that the recent anxiety symptoms were due to the family member's death and therefore not work-related.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25 BID PRN #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** MTUS guidelines indicate that Benzodiazepine medications are not recommended for long-term use because there is a question about long-term efficacy, as well as the risk of developing tolerance, dependence and adverse side effects. The injured worker is diagnosed with Adjustment Disorder and Major Depression. He is not diagnosed with an anxiety disorder. Xanax (alprazolam) is a medication in the benzodiazepine class which is used to treat the symptoms of anxiety. The 3/21/14 progress report indicates that the injured worker is being prescribed Xanax in order to treat new onset anxiety symptoms which are secondary to the death of a family member. This indicates that it is not being used to treat a condition which is work-related, therefore the request is not medically necessary.