

Case Number:	CM14-0215925		
Date Assigned:	01/05/2015	Date of Injury:	07/24/2006
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 45 year old male who suffered a work related injury on 07/24/2006. Diagnoses include depression secondary to chronic pain, and low back pain which radiates down his lower extremities. He has had a lumbar global fusion from L3-S1 in 2011, and flexion/extension X rays on 11/03/2014 showed no segmental instability. In a physician progress note dated 11/10/2014 he complains of feeling depressed at times but related the depression is better than the last time, energy is fair, he has feelings of hopelessness at times, concentration and appetite are good, and he has been gaining weight. He denied suicidal/homicidal ideations. He has no side effects from his medications. Progress notes are essentially the same as in previous visits of 11/10/14, 10/13/14, 09/15/14. Utilization Review dated 11/25/2014 non-certified the request for Xanax 0.5mg # 30 citing California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); and Weaning of Medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24 of 127..

Decision rationale: Xanax is a benzodiazepine not recommended for long term use due to risk of dependence, and tolerance to anxiolytic/hypnotic effect. Per Chronic Pain Medical Treatment Guidelines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). According to records provided for review, the patient has been on Xanax since at least June 2014 well beyond the four weeks recommended by MTUS guidelines. There is no documentation to support the use of Xanax in this patient as he does not report subjective complaints of anxiety or sleep disturbance. This request is therefore not medically necessary.