

Case Number:	CM14-0217043		
Date Assigned:	01/06/2015	Date of Injury:	04/30/2003
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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

Certification(s)/Specialty: Emergency Medicine

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 50 year old male, who sustained an industrial injury on 4/30/2003. The diagnoses have included depressive disorder. Treatment to date has included medication. According to the narrative report on medication management from 11/3/2014, the injured worker had persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. Subjective complaints included sleep disturbance, lack of motivation, excessive worry, restlessness, tension, anticipation of misfortune, changes in weight, difficulty thinking, pressure, diminished self-esteem, flashbacks and fear of being monitored. Objective behaviors included casual, unkempt physical appearance, soft spoken and depressed facial expressions. Authorization was requested for Xanax 0.5mg. On 12/15/2014, Utilization Review modified a request for Xanax 0.5mg twice daily #60 to Xanax 0.5mg #30, noting that Xanax is not recommended for long term use. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax tab 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Anxiety medications in chronic pain;

Physicians' Desk Reference (PDR), 67th Edition, 2013, Drug Summary, Buspirone Hydrochloride, (<http://www.pdr.net/drug-summary/buspirone-hydrochloride-tablets-usp-5-mg-10-mg-15-mg-30-mg?druglabelid=1524>)

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

Decision rationale: The requested Xanax tab 0.5mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. "The injured worker has had persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. Subjective complaints included sleep disturbance, lack of motivation, excessive worry, restlessness, tension, anticipation of misfortune, changes in weight, difficulty thinking, pressure, diminished self-esteem, flashbacks and fear of being monitored. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax tab 0.5mg #30 is not medically necessary.