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| Case Number: | CM15-0109329 | | |
| Date Assigned: | 06/15/2015 | Date of Injury: | 10/29/2009 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

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:

The injured worker is a 28 year old female, who sustained an industrial injury on 10/29/2009. She was diagnosed as having lumbar disc displacement, neck sprain and lumbosacral neuritis. Several documents within the submitted medical records are difficult to decipher. Treatments to date include physical therapy, chiropractic, medication and injections. On 01/07/15, there is a recommendation for a psych evaluation. A PR2 of 03/04/15 indicated that the patient reported panic attacks that lasted "for days". PR2 of 04/29/2015 shows that she complains of constant neck, shoulder, back, hip and leg pain, muscle spasms and loss of concentration, and drags her right leg on ambulation. She endorsed extreme insomnia, seizures, heightened anxiety and depression. She stated, "I need something to help manage my pain and anxiety." Prior to this office visit, she did not report seizures, which were not elucidated upon. UR of 05/06/15 modified this request to #60 to allow for weaning over the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Benzodiazepines are not recommended for long-term use as long term efficacy is unproven and there is risk of dependence and abuse. They are the treatment of choice in very few conditions. A more appropriate treatment for anxiety disorders is an antidepressant. There is no evidence that the patient was seen for a psych evaluation as recommended. The patient does not have a formal diagnosis of an anxiety disorder. The weaning schedule in the UR of 05/06/15 is for 3 months, which would end on 08/05/15. This request is therefore not medically necessary.