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| Case Number: | CM15-0013255 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 06/03/2008 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male, who sustained an industrial injury on 6/3/08. The documentation on 4/30/14 noted that he the injured worker does not feel as though he can work because of the pain he suffers from as well as his psychological issues. Stated that he is extremely depressed and prefers to be alone. On 12/9/12 Axis 1 diagnosis was major depression, single episode, moderate; pain disorder associated with both psychological factors and a general medical condition and partner relational problem. According to the utilization review performed on 1/12/15, the requested Xanax 0.5mg #75 has been modified #30 tabs for weaning. Xanax .5mg twice a week for one week, then once a week for the following week and then .25mg for the next week, and then discontinued the medication. The documentation noted that the utilization review was bases on guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #75: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. The documentation submitted for review indicate that the injured worker was treated with Xanax in the past. The most recent medical record indicating that the injured worker was depressed was dated 4/2014. As there are no more recent medical records with indications for this treatment, medical necessity cannot be affirmed.