

Case Number:	CM15-0111950		
Date Assigned:	06/18/2015	Date of Injury:	01/06/2000
Decision Date:	07/24/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/09/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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:

January 6, 2000. The injured worker previously received the following treatments psychiatric services, Xanax, Pristiq, Nuvigil, Ambien, Wellbutrin, Cymbalta, Klonopin and cognitive behavioral therapy. The injured worker was diagnosed with insomnia, anxiety and depression. According to progress note of April 8, 2015, the injured worker was being followed for anxiety and depression associated with a worker related injury. The injured worker was experiencing posttraumatic stress symptoms over the last few months. The injured worker underwent a psychiatric evaluation and was told that she had a personality disorder and not depression. The injured worker took Xanax and Klonopin for chronic anxiety for years. The treatment plan included a prescription for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Xanax 0.5 mg #60 is not medically necessary.