

Case Number:	CM15-0118316		
Date Assigned:	06/26/2015	Date of Injury:	09/04/2008
Decision Date:	07/27/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year-old female who sustained an industrial injury to the psyche on 09/04/08. Diagnoses included displacement of cervical intervertebral disc without myelopathy, major depressive disorder, generalized anxiety disorder, and psychological factors affecting the medical condition. Treatments included antidepressant/anxiety medication management, and psychological treatment. In a progress noted dated 11/18/14 the treating physician reports the injured worker has persistent symptoms of depression, anxiety, and stress related medical complaints. Treatments include adjustments in medication, sleep hygiene education, and dietary changes. In a Peer Physician Report of 05/22/15, her symptoms include chronic pain, depression, changes in appetite, lack of motivation, difficulty staying asleep, and weight loss. Anxiety symptoms include excessive worry, restlessness, tension, inability to relax, pressure, palpitation, and shortness of breath. Under stress related cluster were tension headache, peptic acid reaction and abdominal pain/cramping. Date of Utilization Review: 05/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

Decision rationale: The claimant sustained a work injury in September 2008. She continued to be treated for depression, anxiety, and stress related medical conditions. When seen, she was having difficulty sleeping and headaches. Medications being prescribed include Omeprazole, Wellbutrin, BuSpar, Ambien, and Xanax. Xanax is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. A more appropriate treatment for anxiety disorder would be an antidepressant. In this case, the claimant has been prescribed Xanax on a long-term basis. If being used for anxiety, there are other preferred treatments. Continued use of Xanax may actually be increasing her anxiety and it is not medically necessary.