

Case Number:	CM15-0119334		
Date Assigned:	06/29/2015	Date of Injury:	04/24/2000
Decision Date:	08/06/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/19/2015

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:

The injured worker is a 59 year old male with industrial injuries dated 07/27/94, 10/31/96, 01/06/98, 02/10/02-02/10/03, 05/11/98, 08/04/98 and 08/19/99. The injuries are documented as back injury, laceration to head, cumulative trauma (involving a heart attack, respiratory problems and internal system), left foot and right eye. His diagnoses included major depressive disorder, panic disorder and psychological factors affecting medical condition. Prior treatments included cardiac angioplasty with stent implants, treatment for medical issues and psychiatric treatment. The provider documents due to pain and disability involving the back condition, stress aggravated medical symptoms, possible stress aggravated heart problems with resultant depressive mental disorder with damaged self-esteem, emotional withdrawal/mistrust, psychological fatigue, mental confusion, insufficient emotional control and cognitive impairment with concentration/attention and memory deficits there would be residuals of permanent mental and behavioral impairment to a marked degree. Medications provided consisted of Remeron, Risperdal and Xanax. Medications by other providers included Oxycontin, Plavix, Zocor and Toprol. The injured worker reported medications relieved his symptoms. He reports Xanax controls his panic attacks so he can function. He also reports that the medications improved his functioning citing increased interest in daily activities, improved sleep, better concentration and the ability to interact appropriately with others. He also reports the medications reduce his panic and anxiety so that he can leave his home. The provider documents despite this psychological improvement the injured worker remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, insomnia, panic and stress intensified pain with shortness of breath and chest pain. Beck Anxiety Inventory

showed a score of 21 indicating "moderate to severe" range of depression. Examination found anxious thought processes, pre-occupation with worries about economic future, fears of intractable pain, loss of bodily functions and permanent work impairment. There did not appear to be a loss of contact reality and no evidence of paranoia or schizophrenia. Treatment plan included to continue medications. The request is for Xanax 2 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version); ODG, Mental Illness & Health Chapter (Online Version).

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 2 mg three times daily on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax 2mg #90 is excessive and not medically necessary.