

Case Number:	CM15-0120284		
Date Assigned:	06/30/2015	Date of Injury:	03/13/2007
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Family Practice

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 41 year old male with an industrial injury dated 03/13/2007. The injured worker's diagnoses include major depressive disorder, single episode unspecified, generalized anxiety disorder, and psychological factors affecting medical condition. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 05/15/2015, the injured worker presented for medication management for persistent symptoms of depression, anxiety and stress related medical complaints secondary to industrial stress injury to the psyche. Objective findings revealed soft spoken, depressed facial expressions and visible anxiety. The treating physician prescribed Xanax 0.5 mg #60 with 2 refills now under review. The medical records note that opioids are also being prescribed by the injured worker's orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Per the MTUS guidelines, 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. Per the MTUS guidelines, a more appropriate treatment for anxiety disorder is an antidepressant. According to ODG, "adults who use hypnotics, including benzodiazepines such as Temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. ODG also notes that, "Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). Lastly, the medical records note that the injured worker is also prescribed opioids, and per ODG, "Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities)." Given that the long term use of benzodiazepines is not supported by MTUS and ODG, the ongoing use of this medication is not supported. The medical records indicate that benzodiazepines have been prescribed for an extended period of time. Benzodiazepines should not be discontinued abruptly and should be weaned. The medical records indicate that Utilization Review has modified the requested quantity to allow for weaning. The request for Xanax 0.5 mg #60 with 2 refills is therefore not medically necessary and appropriate.