

Case Number:	CM15-0121353		
Date Assigned:	07/02/2015	Date of Injury:	11/07/2013
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD) reportedly associated with an industrial injury of November 7, 2013. In a Utilization Review report dated June 23, 2015, the claims administrator partially approved a request for Xanax, apparently for weaning or tapering purposes. The claims administrator referenced an office visit of May 6, 2015 in its determination. On May 6, 2015, the applicant reported ongoing complaints of depression and anxiety. The applicant had apparently decided to sell her home, it was reported. The applicant was using Xanax on a twice daily basis, it was reported. The applicant was also receiving psychotherapy. The applicant was placed off of work, on total temporary disability, from a mental health perspective, while continued psychotherapy, Lexapro, and Xanax were endorsed. The attending provider stated that the applicant would remain off of work indefinitely. On June 17, 2015, the attending provider noted that the applicant reported issues with emotional disturbance, tearfulness, and altered mood. Lexapro and Xanax were continued while the applicant was kept off of work indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 180-tablet supply of Xanax, in and of itself, represents chronic, long-term, and scheduled usage of the same. The attending provider, furthermore, stated on multiple progress notes of mid-2015 that the applicant was using Xanax on a twice-daily basis, for anxiolytic effect. Such usage, thus, ran counter to ACOEM parameters. Therefore, the request was not medically necessary.