

Case Number:	CM15-0124997		
Date Assigned:	07/09/2015	Date of Injury:	08/13/1998
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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 53 year old male injured worker suffered an industrial injury on 8/13/1998. The diagnoses included post-traumatic stress disorder, anxiety and major depression. The injured worker had been treated with psychotherapy and medication. On 6/15/2015 the treating provider reported his anxiety and depression were managed with the present medication and he needed to continue them. He reported he encouraged the injured worker to reduce the benzodiazepine use. He reported the counseling session had benefited him. The injured worker had not returned to work. The treatment plan included Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Anti-anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 is being prescribed Xanax 0.5-1 mg three times daily as needed for anxiety. The injured worker has been continued on this medication long term and the last taper was initiated about 9 months back in 10/2014 when the dose was changed from three times daily to twice daily dosing. The treating provider recommends further taper but it has not been initiated since 10/2014. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Based on the above, the continued use of Xanax is not medically necessary. It is to be noted that the UR physician authorized #14 tablets of Xanax for the purposes of a safe taper.