

Case Number:	CM15-0172374		
Date Assigned:	09/23/2015	Date of Injury:	05/17/2004
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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 43 year old male who sustained an industrial injury on 05-17-2004. The injured worker was diagnosed with non-progressive dementia due to traumatic brain injury with behavioral disturbance, personality change, frontal lobe dysfunction and anxiety. According to the treating physician's progress report on June 2, 2015, the injured worker continues to reside at a residential care home for neuropsychological treatment, behavioral planning and intervention. The injured worker is monitored for food intake, medications, physical encounters, aggressive outbursts, impulsive behaviors and activities of daily living. The injured worker continues to receive 1 on 1 care 5 days a week for 8 hours a day. Current medications were listed as Zyprexa, Fanapt, Nuedexta, Depakote ER, Zoloft, Trazodone, Xanax Tylenol, Ibuprofen and Omeprazole. Treatment plan consists of continuing neuropsychological monitoring and treatment as problematic behaviors arise, remaining at the residential facility, extension of 1 on 1 care, logging all food intake, enforce behavior modifications with consequences and reward and medication regimen including the current request for Xanax 0.5mg #90. On August 21, 2015 the Utilization Review determined the retrospective request for Xanax 0.5mg #90 (DOS: 8-11-2015) was not medically necessary however due to the nature of the drug weaning is recommended and thus approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Xanax 0.5mg #90 DOS: 8/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

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 Xanax 0.5 mg three times daily on an ongoing basis for restlessness and anxiety with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Retrospective Xanax 0.5 mg #90 DOS: 8/11/2015 is not medically necessary as use of benzodiazepines should be limited to 4 weeks per guidelines. Also, in this case the injured worker has been diagnosed with dementia due to Traumatic Brain Injury and behavioral disturbance and the long term use of Xanax in this case can lead to further cognitive deterioration and thus is not medically necessary.