

Case Number:	CM15-0176402		
Date Assigned:	09/17/2015	Date of Injury:	07/31/1967
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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 70-year-old who has filed a claim for hypertension (HTN) reportedly associated with an industrial injury of July 31, 1967. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for Xanax. The claims administrator referenced an RFA form received on August 27, 2015 and an associated progress note of August 24, 2015 in its determination. The applicant's attorney subsequently appealed. On an August 27, 2015 RFA form, Benicar, Xanax, and Nexium were endorsed. It was not stated for what purpose Xanax had been prescribed for. A handwritten progress note of August 24, 2015 likewise made no mention for what purpose Xanax had been employed for. On a progress note dated September 24, 2015, the applicant apparently presented to follow up on known issues with hypertension. There was no mention of the applicants having any issues with anxiety at this point. Once again, it was not stated for what purpose Xanax had been employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Xanax 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 90-tablet supply of Xanax at issue represents chronic, long-term, and/or daily usage of the same, i.e., usage in excess of the short-term role for which anxiolytic are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectation. Here, however, multiple progress notes referenced above, failed to contain any discussion of what issue, diagnosis, and/or purpose Xanax had been employed for. Therefore, the request is not medically necessary.