

Case Number:	CM15-0178291		
Date Assigned:	09/18/2015	Date of Injury:	11/30/2012
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/10/2015

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: Physical Medicine & Rehabilitation

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 36 year old female, who sustained an industrial injury on 11-30-2012. The injured worker was diagnosed post-traumatic stress disorder. The request for authorization is for: Viibryd 40mg QTY: 30.00, Seroquel 50mg QTY: 30.00, Topamax 25mg QTY: 30.00, Toprol XL 50mg QTY: 30.00, Dexilant 60mg QTY: 30.00, Xanax 0.5mg QTY: 90.00. The UR dated 8-24-2015: certified Viibryd 40mg QTY: 30.00, Seroquel 50mg QTY: 30.00, Topamax 25mg QTY: 30.00, Toprol XL 50mg QTY: 30.00 and Dexilant 60 mg QTY: 30.00; and non-certified Xanax 0.5mg. On 6-8-2015, she reported recurrent anxiety, panic attacks, and nightmares. She reported being afraid to go to public places including shopping malls and the bank. On 7-13-2015, she indicated she felt fearful when surrounded by people. She indicated her symptoms have increase with Xanax being denied. She reported having problems with sleep, focus, and concentration. On 8-17-2015, she is reported to be afraid to drive long distances and suffer from panic attacks and anxiety. Her current symptoms are reported to be unstable and require ongoing monitoring. The records do not discuss any previous efficacy from use of Xanax. The treatment and diagnostic testing to date has included: medications, psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg Qty: 90.00: 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.

Decision rationale: The records do not discuss any previous efficacy from use of Xanax for this chronic 2012 injury whereby this 36 year old female remains functionally unchanged and not working. Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered for this chronic injury. The Xanax 0.5mg Qty: 90.00 is not medically necessary and appropriate.