

Case Number:	CM15-0179913		
Date Assigned:	09/21/2015	Date of Injury:	10/26/1991
Decision Date:	11/02/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male, who sustained an industrial injury on 10-26-1991. Medical records indicate the worker is undergoing treatment for post concussive syndrome, depression and panic disorder. A recent progress report dated 8-6-2015, reported the injured worker "seemed agitated and distracted about his guardian". Physical examination revealed the injured worker was more agitated at this visit. Treatment to date has included Xanax, Paxil, Seroquel and Norco. The physician documented on 7-9-2015 visit, decreasing the Xanax from 3 times daily to 2 times daily. The physician is requesting Retrospective for Xanax 1 mg # 60, (date of service): 8-6-2015. On 9-4-2015, the Utilization Review noncertified a request for Retrospective for Xanax 1 mg # 60, (date of service): 8-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Xanax 1 mg # 60,DOS:8/6/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. As the treatment is not recommended for long-term use, the request is not medically necessary.