

Case Number:	CM15-0046551		
Date Assigned:	03/18/2015	Date of Injury:	10/12/2005
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 66-year-old male, who sustained a work/ industrial injury on 10/12/05. He has reported initial symptoms of anxiety, depression, and sadness. The injured worker was diagnosed as having anxiety and depressive disorder; somatic symptoms. Treatments to date included medication. Currently, the injured worker complains of anxiety, depression, and sadness, s/p injury and low back pain. The treating physician's report (PR-2) from 11/3/14 indicated prescribed medications were taken for more than a year with better execution of functions of daily living. Medications included Norco and Xanax. Treatment plan included Xanax refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.25mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses (psychiatry progress note) are unspecified depressive disorder; generalized anxiety disorder and somatic symptom disorder with predominant pain mode. The treating orthopedist's working diagnoses are lumbosacral sprain/strain with 2 to 3 mm disc protrusion; and degenerative joint disease with history of rhizotomies at L3 - L4 and L4 - L5. The documentation from an August 1, 2014 progress note shows there are no medications listed and cognitive behavioral therapy was requested. A progress note dated October 2, 2014 shows a Xanax was started (by psychiatry). The last psychiatric progress note in the medical record is dated November 6, 2014 that shows Xanax was continued. A progress note from the treating orthopedist dated November 10, 2014 shows the injured worker is taking Norco, Fexmid and Xanax. It is unclear from the documentation whether the treating orthopedist is aware the psychiatrist is prescribing Xanax and whether the psychiatrist is aware the treating orthopedist is prescribing Xanax. A subsequent progress note from the treating orthopedist dated January 30, 2015 states "no Xanax". It is unclear whether the injured worker is receiving Xanax from the treating psychiatrist based on the documentation. As noted above, the most recent progress note by psychiatry was dated November 6, 2014 (approximately 2.5 months earlier). Consequently, absent clinical documentation with a progress note on or about the date of authorization (February 19, 2015) with documentation of objective functional improvement in excess of the recommended guidelines (not recommended for long-term use-longer than two weeks) on or about the date of the request for authorization, Xanax 0.25 mg #30 is not medically necessary.