

Case Number:	CM15-0066203		
Date Assigned:	04/14/2015	Date of Injury:	10/05/2001
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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 56-year-old who has filed a claim for wrist, groin, and shoulder pain reportedly associated with an industrial injury of October 5, 2001. In a Utilization Review report dated March 11, 2013, the claims administrator failed to approve a request for alprazolam. A progress note of August 20, 2014 and associated RFA form of August 26, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant apparently presented to follow up on her primary issue of a hernia. The applicant's psychiatric review of systems is reportedly negative, it was stated. The applicant's medication list included Flexeril, Linzess, Zestril, Xanax, and Zegerid. The applicant was obese, with a BMI of 32. An incisional hernia repair was planned. Progress notes of January 25, 2015 and January 19, 2015 also made mention of the applicant using Xanax. It was not, however, explicitly stated for what purpose and/or what diagnosis Xanax was being employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tab 0.25mg qty: 90 day supply: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 2/23/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as Xanax may be appropriate for brief periods in cases of overwhelming symptoms, in this case, however, the progress notes on file seemingly suggested that the applicant has been using Xanax on a minimum of three office visits, referenced above. The 90-tablet supply of Xanax at issue, furthermore, implies chronic, long-term, and thrice daily usage of the same. Such usage is, however, incompatible with the MTUS Guidelines in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.