

<b>Case Number:</b>	CM13-0002681		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/01/1976
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63 year old female who reported injury on 06/01/1976. The mechanism of injury was not provided. The patient's diagnosis were noted to include post laminectomy syndrome - lumbar, lumbar /lumbosacral disc degenerative, and pain in limb as of the 02/23/2011 office note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #50:** Upheld

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

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

**Decision rationale:** California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. Clinical documentation submitted for review was from 2011 and failed to provide a recent thorough objective examination and rationale and efficacy for the continued use of Xanax. The patient was noted to be using it in the February

2011 office note and per California MTUS guidelines, it is for short term use and it is indicated for long term use in very few conditions. The request for alprazolam is not medically necessary and appropriate.