

<b>Case Number:</b>	CM13-0011077		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	01/20/2006
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Psychiatry & Neurology, has a subspecialty in Geropsychiatry, Addiction Medicine, 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:

This is a 43 year old female who sustained a work related injury around 2006, the details of which were not provided in these records. She underwent spinal lumbar fusion surgery in 2008. She currently suffers from chronic thoracolumbar backache along with neuropathic pain in the pelvic, vaginal, and anterior thighs. She has a history of urinary incontinence with recurrent urinary tract infections. In 2012, she underwent spinal cord stimulation, which failed. The patient is described as depressed and anxious related to her condition and is receiving 2 time per month psychotherapy (cognitive behavioral). She was given the diagnosis of major depressive disorder recurrent single episode, moderate. She has been on Gabapentin 2400mg per day, Cymbalta 60mg, and Norco 5-6 per day. She has been receiving Xanax approximately 3 mg per day since at least 2012 according to records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg tablet x 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** According to the medical records provided, the employee is on long-term benzodiazepine use, which the MTUS and ODG guidelines indicate is inappropriate for the treatment of major depression. The employee is now tolerant to the action of this medication with respect to its anxiolytic effect. There is no further indication for use in this employee. The request for Xanax 1mg tablet x 90 is not medically necessary and appropriate.