

<b>Case Number:</b>	CM13-0017235		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/23/1997
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 and is licensed to practice in New York. 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 claimant is a 64 year old female who sustained a work related injury on 09/23/1997. The mechanism of injury was catching a dislodged large storage top before it hit a co-worker. She has diagnoses of lumbar radiculopathy, cervical strain and sprain, chronic pain syndrome, chronic pain related depression, anxiety, and insomnia, severe myofascial syndrome, neuropathic pain, and prescription narcotic dependence. On exam she has complaints of low back pain which radiates down the left leg. She has been treated with medical therapy, injection therapy and acupuncture. Her treating provider has requested Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax:** Upheld

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

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

**Decision rationale:** Xanax (Clonazepam) is a benzodiazepine drug having anxiolytic, anticonvulsant, muscle relaxant, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety. The claimant is

only maintained on 5-HTP (hydroxytryptophan) for her depression. The claimant is not under the care of a psychiatrist and has a history of prescription narcotic dependence. Per California Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates continued symptoms of depression with anxiety related to the claimant's work injuries. There is no specific indication for the long-term use of benzodiazepine therapy. Medical necessity for the requested treatment has not been established. Xanax is not medically necessary or appropriate.