

Case Number:	CM13-0019388		
Date Assigned:	10/11/2013	Date of Injury:	03/25/2003
Decision Date:	01/24/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/03/2013

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 65 yo female who sustained a work related injury on 03/25/2003. The mechanism of injury was not provided. She has diagnoses of cervical disc disease, cervical radiculitis, depression with anxiety, organic sleep disorder, and bilateral carpal tunnel syndrome. She is treated with medical therapy including MS Contin, Norco, Neurontin, and Xanax. On exam she still complains of moderate to severe pain involving her neck, arms and both wrists. The treating provider has requested Xanax 0.5mg # 50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #50: Upheld

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

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

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS 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 the claimant has continued symptoms of depression with anxiety and sleep issues related to the work injuries. The claimant is not maintained on any anti-depressant medication. Medical necessity for the requested medication, Xanax has not been established. The requested treatment is not medically necessary.