

<b>Case Number:</b>	CM13-0025489		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/05/2001
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Spine Surgery 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 54 year old injured worker with a date of injury on 10/5/01. The patient's diagnoses include: overuse syndrome of both upper extremities with status post right carpal tunnel release and right cubital tunnel release on 7/23/02; status post left carpal tunnel release and left cubital tunnel release on 05/21/02; aggravation of bilateral shoulder strain; cervical strain; lumbar radiculopathy; insomnia; depression and anxiety; secondary high blood pressure; secondary GERD. The progress report dated 11/13/12 by [REDACTED] noted that the patient continued to complain of bilateral shoulder and upper extremity pain, neck pain with radiation to the left upper chest and left upper extremity, depression and frustration due to chronic pain. The patient has been stressed due to the continued pain and inability to work. Xanax 0.5 mg t.i.d # 90 was requested without any discussion by the treater in regards to treatment goals or time frame. The UR letter dated 2/27/13 noted that weaning was recommended for Xanax as the patient was taking this medication on a chronic basis. The progress report dated 5/14/13 noted that consideration will be given to slowly wean the patient off Xanax over the next six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg, three times a day, quantity 90-weaning:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, pg. 24, does not recommend Benzodiazepines for long-term use. It does not appear that the patient is being weaned off of this medication as planned. The amount of the daily dose is the same as it was on 5/14/13. The request for Xanax, quantity 90 is not medically necessary and appropriate.