

<b>Case Number:</b>	CM13-0026110		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/29/1988
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Family Practice, has a subspecialty in Preventive 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:

Male claimant sustained an injury on 9/29/88 that resulted in chronic low back pain with radiation to the legs. His diagnoses include lumbar disc degeneration and lumbar disc herniation. The pain has been managed by oral analgesics, epidural steroid injection and benzodiazepines (Xanax). He has notably been on Xanax since March 7, 2013 for anxiety related to pain and back spasms. A recent report on 9/24/13 indicated that the pain is 7/10. The objective findings include limited range of motion and radicular findings. Xanax and hydrocodone were ordered to manage pain, spasms and allow for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5.mg #90 with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Benzodiazepine (Xanax) which according to the Chronic Pain Medical Treatment Guidelines is not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action

include: sedation, anxiolytic, anticonvulsant and muscle relaxant. Furthermore, According to the Official Disability Guidelines (ODG) - FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom®), flurazepam (Dalmane®), quazepam (Doral®), and temazepam (Restoril®). Triazolam (Halcion®) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. In this case, the claimant has been on Xanax for over 6 months and exceeds the amount and duration recommended by the Medical Treatment Utilization Schedule (MTUS) guidelines. As a result, continued use of Xanax is not medically necessary.