

<b>Case Number:</b>	CM13-0036936		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/20/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 expert 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 43-year-old female who reported an injury on 01/20/2006. The mechanism of injury was not provided for review. The patient's treatment included a 2-level lumbar fusion that failed to resolve the patient's symptoms. The patient also underwent a spinal cord stimulator trial that failed to provide any relief. The patient was treated for chronic low back pain and radiculopathy with medications and physical therapy. The patient also underwent psychiatric care for a major depressive disorder. The patient's medications included Elavil, Prozac, and Xanax. The patient was evaluated in 12/2013. It was documented that the patient had anxiety-related symptoms with a depressed mood. The patient was prescribed medications to include Xanax, and a referral for psychotherapy was made. The patient was again evaluated in 01/2014 and 02/2014, that documented the patient was sleeping 4 to 5 hours per night with less depressive symptoms due to medication and an improved mood state. The patient's diagnoses included major depression, single episode. The treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page 76-80 Page(s): 76-.

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

**Decision rationale:** The requested Xanax #40 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines in the management of anxiety or sleep disturbances related to chronic pain, due to a high incidence of psychiatric and physical dependence. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since at least 12/2013. The California Medical Treatment Utilization Schedule recommends that treatment duration be limited to approximately 4 weeks. The requested additional Xanax medication would exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally the request as it is submitted does not provide an intended duration of treatment. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Xanax #40 is not medically necessary or appropriate.