

<b>Case Number:</b>	CM13-0039146		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Orthopedic 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 claimant is a 54-year-old female who was injured in a work related accident on August 18, 2009. The current clinical records for review revealed a recent September 3, 2013 assessment with [REDACTED] indicating the claimant had continued complaints of right upper extremity and hand pain with neck complaints increasing in nature. She described poor sleep patterns. She was currently utilizing medication management including chronic narcotic analgesics in the form of OxyContin as well as use of Xanax. Formal physical examination was not documented. Recent clinical records and imaging were also unavailable for review. At present, there is a request for continued use of Xanax in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request prescription of Xanax 0.25mg:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued role of Xanax would not be indicated. MTUS Chronic Pain Guidelines indicate that

the use of benzodiazepine should be limited to a four-week course in the acute setting. At present, given the high adverse effect and dependency profile, the chronic use of benzodiazepine for greater than four weeks is not supported. Records clearly indicate the claimant has utilized this agent for greater than four weeks. Continuation would not be deemed medically necessary.