

<b>Case Number:</b>	CM13-0043247		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/28/1999
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	09/23/2013
<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 Occupational 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 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:

This is a 64-year-old female with a 2/28/99 date of injury after a motor vehicle report. She sustained multiple injuries and had specific complaint regarding her neck and back. Of note, she is status post L5-S1 laminectomy in 1989. The patient was being followed for ongoing pain and being prescribed gabapentin when she was switched to Xanax. She was also noted to be on Norco at the time. The diagnosis is lumbar and cervical disc displacement and lumbosacral neuritis. Exam findings include decreased range of lumbar spine and cervical spine motion with pain on movement. Of note, several urine drug screen were not consistent with the patient's medication use. A urine drug screen from 3/21/13 was positive for tramadol and hydrocodone and hydromorphone, although the patient was not being prescribed Tramadol at the time. The patient is not noted to be on any benzodiazepine per rent urine drug test results. There are no progress notes available from the request made for Xanax in 2010. However, the patient is noted to have ongoing low back pain with painful range of motion and no radiculopathy. MRI L spine: multifocal neural foraminal stenosis worse at L2/3 on the left. Treatment to date: acupuncture, physical therapy, lumbar epidurals, massage, aqua therapy, TENS unit in house, steroid injections to the hands. A UR decision dated 12/23/13 denied the request for retrospective Alprazolam dated 6/11/10. Given long-term efficacy of benzodiazepines has not been proven and has been linked to overdose when used chronically.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR ALPRAZOLAM XR 1MG #30 DOS: 6/11/2010:**  
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), Pain Chapter, Benzodiazepines.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This is a request for a retro review for Xanax. The documentation is not clear on why the patient required Xanax on 6/11/10. There is scant information regarding the patient's physical status in 2010, and exam or recent exam findings revealed chronic low back pain but spasm is rarely noted. The rationale for this request is unclear. Given this, medical necessity was not met.