

<b>Case Number:</b>	CM13-0055437		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 31 year old male with a date of injury of 06/20/2007. The listed diagnoses dated 10/29/2013 are: Major depression, moderate, Generalized Anxiety Disorder, Pain disorder associated with both psychological factors and a general medical condition. According to report dated 10/29/2013, patient presents for a follow up regarding his depression, poor sleep, and mood. Patient states he some improvement since increasing Seroquel to 300mg. Patient would like to continue Seroquel and his other medications, Wellbutrin XL, Buspar, Ambien and Xanax. Mental status examination reports "affect is appropriate to his mood moderately brighter." Treater requests refill of all medications including Xanax 2mg bid #30 plus 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2mg #60 sig: 1 bid plus 1 refill to allow the patient a one month supply with no refills for weaning purposes at the treating physicians discretion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with complaints of depression, poor sleep and instability in mood. Treater is requesting Xanax 2mg sig: 1 bid plus 1 refill. The MTUS guidelines page 24 states, "Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." MTUS guidelines are very clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The patient should now slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.