

<b>Case Number:</b>	CM13-0060258		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 49-year-old who reported an injury on March 20, 2009 after a fall. The injured worker reportedly sustained an injury to her lumbar spine, bilateral knees, and bilateral upper extremities. The injured worker's treatment history included facet neurotomies, medications, a lumbar fusion, physical therapy, aquatic therapy, and a home exercise program. The injured worker was evaluated on November 1, 2013. It was documented that she was prescribed Xanax to assist with anxiety and that the number of pills was increased to accommodate the patient as she regularly runs out of medications. The injured worker was again evaluated on November 25, 2013. It was documented that the injured worker had ongoing complaints of depression and anxiety and insomnia related to chronic pain. An appeal request was made for the injured worker's prescription of Xanax 1 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR XANAX 1 MG QUANTITY 40.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The retrospective request of Xanax 1 mg quantity 40 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker's quantity of medication was increased as a result of running out of her medication. However, a treatment history with this medication was not provided. California Medical Treatment Utilization Schedule does not recommend the longterm use of benzodiazepines due to a high risk of physiological and psychological dependence. The clinical documentation indicates the injured worker has ongoing complaints of depression, anxiety, and insomnia related to chronic pain. Therefore, the efficacy of this medication is not clearly established. As the injured worker runs out of her medications prior to her appointments, ongoing use of this highly addictive medication would not be supported. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. The retrospective request for Xanax 1 mg, forty count, is not medically necessary or appropriate.