

<b>Case Number:</b>	CM14-0000052		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	12/24/2004
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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, Pain Medicine 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 reported injury on December 24, 2004; the mechanism of injury was not provided. Diagnoses include lumbar disc syndrome, lumbar radiculopathy, situational depression and anxiety, and status post opioid detoxification. The clinical note dated November 12, 2013 noted that the injured worker had been taking Xanax 0.25mg two to three times a day since at least May 09, 2103 for anxiety and that it helps. The request for authorization for Xanax 0.25mg #75 was submitted on November 12, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF XANAX 0.25MG, #75: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The California MTUS guidelines do not recommended benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The medical necessity for this requested medication has not

been established. There is no quantifiable evidence provided in the documentation that shows the medication is providing the desired therapeutic effects. Additionally, it is documented that the injured worker has been currently prescribed this medication for approximately 12 months, which exceeds the guidelines recommendation. As such, the requested Xanax is not medically necessary.