

<b>Case Number:</b>	CM14-0101738		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/30/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The records presented for review indicate that this 48 year-old female was reportedly injured on 10/30/2001. The most recent progress note, dated 5/16/2014 indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated cervical spine: nontender, no palpable trigger points in the muscles of the head and neck with full range of motion. Lumbar spine: surgical scar antalgic gait. Flexion is 40, extension 15 with pain at both maneuvers. No recent diagnostic studies are available for review. Previous treatment includes lumbar surgery, medications, and conservative treatment. A request had been made for Xanax 2mg, #90 and was not certified in the pre-authorization process on 5/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2mg, #90 with 2 Refills:** Upheld

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

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

**Decision rationale:** Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. There is no recent documentation of improvement in functionality with the use of this medication. Therefore, the continued use of this medication is deemed not medically necessary.