

<b>Case Number:</b>	CM14-0013784		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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:

The patient is a 42-year-old female who has submitted a claim for dysthymic disorder, facet syndrome, myofascial pain syndrome, and sacroilitis associated with an industrial injury date of 12/10/2011. The patient complained of pain at the hip, mid-back, leg, and low back areas. Pain radiated to the left lower extremity accompanied by weakness and numbness. She reported episodes of urinary incontinence. The patient appeared motivated to be involved with therapy, especially aquatic therapy, as it resulted to significant functional improvement in the past. There was also sustained pain relief two hours after each therapy. The physical examination showed left paraspinous tenderness with severe limitation of lumbar extension. A straight leg raise test and FABER sign were positive on the left. Motor strength of left L4 and L5 myotomes was graded 5-/5. Sensation was diminished at left L5 dermatome. The patient's reflexes were normal. The treatment to date has included approximately 10 sessions of physical therapy, trigger point injection, SI joint injection, lumbar epidural steroid injection, and medications such as Percocet, Norco, Soma, Xanax, Benadryl, and Tylenol. A utilization review was not made available in the records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 25MG DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

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

**Decision rationale:** As stated on page 24 of California MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, there was no documented rationale for this drug. It was noted that patient has been on Xanax since July 2013. However, there was no documentation concerning functional improvement derived from its use. Furthermore, benzodiazepine is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Xanax 25MG is not medically necessary.