

<b>Case Number:</b>	CM14-0113572		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/29/1998
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 47-year-old female who was injured on April 29, 1998. The patient continued to experience headaches and pain in her neck, upper back, lower back, and all extremities. Physical examination was notable for tenderness over the right C2-3 joint area, decreased range of motion, of the left shoulder, crepitus of the left shoulder, and tenderness of the low back with decreased range of motion. Diagnoses included complex regional pain syndrome of both upper extremities, right upper cervical facet arthropathy, left shoulder arthropathy, left shoulder adhesive capsulitis, and left lower lumbar pin with lumbar spondylosis and facet arthropathy. Treatment included cognitive behavioral therapy, medications, radiofrequency neurotomy, and spinal cord stimulator. The request for authorization for Xanax 1 mg # 60 with 3 refills was submitted for consideration. The medical records were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg # 60 with 3 refills:** Upheld

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

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

**Decision rationale:** Xanax is the benzodiazepine, alprazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the requested medication was for at least four months of medication. This indicates long-term use of a medication, which is not recommended. In addition it increases the risk of adverse effects. Therefore, this request is not medically necessary.