

<b>Case Number:</b>	CM14-0122056		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2014

### 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 Anesthesiology, has a subspecialty in 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 is a 29-year-old male who reported an injury on 02/02/2009 due to falling from a forklift, injuring his ankle. The injured worker had a history of depression, anxiety, manic depressive disorder, manic disorder, along with back and leg pain. The injured worker has diagnoses of major depressive disorder and panic disorder. No diagnostics are available. The mental status examination dated 06/03/2014 revealed alert and oriented times 3, soft normal rhythm and volume of speech, ambulated with the assistance of a stick second to left foot in a cast, irritated at times, affect is appropriate, thought process was linear, thought content was devoid of any suicidal ideations, homicidal ideations, or auditory or visual hallucinations, fair cognition, insight and judgment. The injured worker was also noted to have some psychomotor agitation, hypervigilant, with bouts of anxiety. He had nightmares and was only obtaining 5 to 6 hours of sleep a night. The medication included Zoloft 100 mg and Xanax 3 times a day. Other medications were not available for review. The treatment plan was to continue with the Zoloft and the Xanax. The Request for Authorization dated 07/23/2014 was submitted with documentation. The rationale for the Xanax was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Benzodiazepines.

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

**Decision rationale:** The request for Xanax 1 mg #90 is not medically necessary. The California MTUS do not recommend for long term use. 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Per the request, the Xanax was going to be tapered down 0.5 mg in 6 weeks. The 2014 clinical note indicated the mental status was appropriate, although irritated at times. No suicidal or homicidal ideations, or auditory or visual hallucinations. The injured worker was noted for poor concentration. Also, some of the clinical notes were handwritten and illegible. The Xanax did not address the frequency. As such, the request is not medically necessary.