

<b>Case Number:</b>	CM14-0123749		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/30/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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:

Patient is a 49-year-old male who has submitted a claim for multiple lumbar injuries, chronic lumbar postlaminectomy syndrome and neuropathic low back and lower extremity pain associated with an industrial injury date of 10/30/2001. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the both lower extremities. Pain is rated at 7 out of 10. Physical examination of the lumbar spine revealed tenderness and range of motion was limited. Patient has an antalgic gait. Treatment to date has oral medications, opioid analgesics, physical therapy, chiropractic care and acupuncture. Utilization review from 07/18/2014 denied the request for Xanax because its use is not medically supported. Guidelines generally recommend benzodiazepine use for up to 4 weeks only. Two prior reviews have allowed sufficient amounts for weaning purposes, continuation of this medication at this dose and frequency is not medically supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Pharmacia Corp.(manufacturer) (December 2001) Xanax (alprazolam)

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

**Decision rationale:** As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. In this case, documents submitted showed that the patient has been on Xanax since 11/26/2013, which is beyond what the guidelines suggests. Therefore, the request for Xanax 2mg #90 is not medically necessary.