

<b>Case Number:</b>	CM14-0139223		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Iowa. 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:

This patient is a 53 year-old female with a date of injury of 7/27/2011. A review of the medical documentation indicates that the patient is undergoing treatment for chronic pain in her low back and legs and depression. Subjective complaints (6/20/2014 and 8/8/2014) include low back pain with radiation to both legs, numbness and tingling in both legs, lower back instability, and increased stress. Objective findings (6/20/2014 and 8/8/2014) include lumbar spine tenderness to palpation, decreased sensation on R side L5 pattern, positive straight leg test on right, and restricted range of motion. The patient has undergone imaging studies including MRI which showed inflammatory changes at S1-S4, disc protrusion at L3-L5, spinal stenosis at L3-L4, and disc dissection and degeneration from T11-S1 levels. The patient has previously undergone surgery (microdiscectomy and foraminotomy of L4-5 and L5-S1). A utilization review dated 7/29/2014 did not certify the request for Xanax 0.5 mg TID #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines (including Xanax, or alprazolam) are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions as tolerance to hypnotic effects develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. MTUS states that most guidelines limit use to 4 weeks. ODG guidelines also recommend short courses of therapy only. There are generally more appropriate therapies to treat chronic pain and depression. Review of the medical documentation suggests that the patient has been on Xanax for an extended period of time, likely exceeding the recommendations. The medical records are extremely limited in the description of the indication for Xanax and reason for continued therapy. None of the notes specifically mention the medication, and most state only "continue taking medications as prescribed". The medical documentation does not provide any extenuating circumstances to justify exceeding the guideline recommendations. Previous first-line therapies to treat the pain and depression nor is a plan for long-term use included. Therefore, the request for Xanax 0.5 mg #90 is not medical necessary.