

<b>Case Number:</b>	CM14-0152450		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 55-year-old female with a date of injury of 9/27/01. The mechanism of injury occurred when the van she was driving was struck on the right rear side by a car. On 3/5/14 her medications include Ambien, Lorzone (Chlorzoxazone) Mirapex, MsContin, Norco, and Xanax. On 2/26/14 it was noted she was prescribed Xanax 0.5mg daily for anxiety #10. On 7/2/14, she stated she had the cervical epidural with reduction of her neck pain and left arm pain. She also complained of moderate to severe lumbar and leg pain. On exam of the cervical spine showed tenderness in the left pericervical with spasm, right pericervical with spasm, and trapezius. There is muscle spasm in the cervical spine. The lumbar spine showed restricted and painful range of motion with guarding. There is muscle spasm present. The diagnostic impression is s/p posterior lumbar interbody fusion and decompression L4-5 and L5-S1 with instrumentation and iliac crest bone graft (7/2009); s/p lumbar hardware removal and exploration of fusion (8/2011). Treatment to date: MRI, surgery, medication management. A UR decision dated 9/8/14 denied the request for Xanax 0.25mg #60. The request was denied because this medication is not indicated for the treatment of acute or chronic pain. This medication is not indicated for prolonged use and it is recommended that the Xanax 0.25mg be discontinued. Also a brand name preparation is being utilized while there is a generic equivalent available. This medication cannot be abruptly discontinued but must be tapered over a 2 to 4 week period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg #60:** 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 rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. However, the patient has been on Xanax since at least 2/26/14. 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. The guidelines do not support the long-term use of Xanax due to the risk of dependence and abuse. Therefore, the request for Xanax 0.25mg #60 was not medically necessary.