

<b>Case Number:</b>	CM14-0153812		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/06/1994
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Family Medicine and is licensed to practice in New York and New Jersey. 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 68 year-old female who injured her lower back after a fall on 10/6/94. She was diagnosed with chronic back pain with failed back syndrome, lumbar radiculopathy, thoracic and lumbar spondylosis, anxiety, and depression. She underwent a posterior L4-L5 fusion in 1996. Her medications have included Ativan, Restoril, Valium, Xanax, Zolpidem, Pregabalin, anti-inflammatories, soma, codeine, Oxycontin, and Norco. Her treatment also included physical therapy, chiropractic care, acupuncture, epidural injections, and psychological treatment. Xanax is listed as one of her allergies. An evaluation for cognitive behavioral therapy was requested. The current request is for Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Xanax is not medically necessary. Xanax is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They

are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks. The patient has been on Xanax since 9/2013. Mainly benzodiazepines have been prescribed for the patient. There is no evidence that other antidepressants like SSRI's were prescribed to treat the patient's anxiety and depression. A UDS did not test for Xanax and being a controlled substance, monitoring with regular UDS's is important. Xanax was also listed as an allergy in the chart. Therefore, the request is considered not medically necessary.