

<b>Case Number:</b>	CM14-0164417		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 orthopedic surgery and is licensed to practice in New York. 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 patient is a 40-year-old female with date of injury of January 4, 2012. The patient continues to have chronic back pain. The patient had lumbar two-level decompression in March 2014. This did not help the patient's back pain. The patient takes Xanax for sleep, narcotics and non-steroidal pain medication and muscle relaxants. The patient is 245 pounds and reportedly 80 pounds overweight. There is a history that the patient is depressed and frustrated but not seen a psychiatrist or psychologist or physiatrist. On physical examination the patient walks with a cane straight leg raising is positive and his decrease sensation in the L4 and L5 in the lower extremities. The patient had redone decompressive surgery without success. At issue is whether Xanax is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax XR 1mg 60's:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** MTUS chronic pain treatment guidelines do not recommend benzodiazepines for chronic use. There efficacy and chronic back pain has not been established and the patient is at risk for dependence. Guidelines limited use to 4 weeks. Tolerance anxiolytic affects often occurs within months and long-term uses not indicated. In addition the medical records ascribed at this medicine are being used for sleep which is not supported by guidelines. Therefore, the request for Xanax XR 1mg 60's is not medically necessary and appropriate.