

<b>Case Number:</b>	CM14-0038422		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 60-year-old female who reported a work related injury on 06/16/2005 after being struck by falling school supplies. The clinical note dated 02/25/2014 stated the patient complained of increased pain and would be kept on methadone. It was noted the injured worker was authorized a month prior to be evaluated for detox. Her other medicines included Cymbalta 120 mg and Prozac 40 mg for both depression and anxiety. It was reported the injured worker had high levels of anxiety that were at times uncontrollable and was taking Prozac in conjunction with Xanax to try to control those symptoms. The clinical note dated 03/13/2014 stated the injured worker continued to experience right knee pain. She also experienced depression and the daughter reported that she had talked of suicide. The injured worker was given treatment recommendations for her depression and her overuse of medications. The request for authorization forum dated 03/17/2014 for the request of Xanax 2 mg #60 was included with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax, 2mg #60:** Upheld

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

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

**Decision rationale:** The request for Xanax 2 mg #60 is not medically necessary. The injured worker has a history of right knee pain and depression. The California Medical Treatment Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Therefore, most guidelines limit the use to 4 weeks. The Guidelines further state that chronic benzodiazepines are the treatment of choice in very few conditions as tolerance to hypnotic effects develops rapidly, tolerance to anxiolytic effects occurs within month, and long-term use may actually increase anxiety. It was not clear how long the injured worker had been prescribed the medication Xanax. The Guidelines limit the use to 4 weeks; therefore, the continued use of Xanax would not be supported. Therefore, the request for Xanax 2 mg #60 is not medically necessary.