

<b>Case Number:</b>	CM14-0039969		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 68 year-old female was reportedly injured on 3/10/2008. The mechanism of injury is noted as a fall. The most recent progress note, dated 3/20/2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated the lumbar spine with good range of motion and positive tenderness to palpation across the lower lumbar segment. The leg exam showed reduced strength right foot dorsiflexion, right quadriceps and positive seated straight leg raise bilaterally. The knee exam showed bilateral positive pain accreditation with range of motion. No recent diagnostic studies are available for review. Previous treatment includes surgery, physical therapy, medications, and conservative treatment. A request was made for Alprazolam 0.5mg, #90, with three refills, and was not certified in the pre-authorization process on 4/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Pain Chapter, Alprazolam (Xanax).

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

**Decision rationale:** Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit the use of this medication to four weeks. The record reflects that this medication is being prescribed for long term use. There is no recent documentation of improvement in functionality with the use of this medication. As such, this request is deemed not medically necessary.