

<b>Case Number:</b>	CM14-0042011		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/26/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational 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 patient is a 66-year-old female who has submitted a claim for Post-traumatic Stress Disorder associated with an industrial injury date of January 26, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of having panic attacks and phobia of crowds. She also mostly stayed in her house. She also reported disturbed sleep and having nightmares. On mental status examination, the patient appeared anxious and depressed. Treatment to date has included physical therapy, acupuncture, electrical stimulation, psychotherapy, and medications including Xanax 0.5 mg for anxiety (since at least July 2008). Utilization review from April 1, 2014 modified the request for Xanax 0.5mg, #90 to Xanax 0.5mg, #83 for tapering purposes because there was no indication of significant subjective, objective, or functional improvement directly attributable to ongoing use of Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 0.5MG, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS.

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

**Decision rationale:** According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, Xanax has been prescribed for anxiety since July 2008 (6 years to date), which is clearly beyond the recommended duration of use for this medication. Furthermore, the patient continued to have complaints of anxiety and panic attacks despite the use of Xanax. Moreover, the records did not clearly reflect continued functional benefit with Xanax. Therefore, the request for Xanax 0.5mg, #90 is not medically necessary.