

<b>Case Number:</b>	CM14-0052187		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/05/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 51 year old male was reportedly injured on December 5, 2005. The mechanism of injury is noted as lifting a piece of steel. The most recent progress note, dated February 13, 2014, indicates that there are ongoing complaints of low back pain with radiation to the groin. Current medications were stated to include Dilaudid, soma, and Norco. The physical examination demonstrated decreased lumbar spine range of motion. There was reported to be a previous lumbar spine MRI although those results were not available. Previous treatment is unknown. A request was made for Alprazolam and was not certified in the preauthorization process on April 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam Tab 1 mg, Days Supply: 30 Quantity: 120: Upheld**

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

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

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Xanax (alprazolam) is used for the

treatment of anxiety disorders and panic disorders. This medication has a relatively a high abuse potential. It is not recommended for long term use because long term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to four weeks. A review of the attached medical record indicates that the injured employee has not been diagnosed with anxiety since December 19, 2013, however, there are continued prescriptions written for Xanax. As there are no recent complaints of anxiety, diagnoses of anxiety, and continued long term usage of this medication, this request for Alprazolam is not medically necessary.