

<b>Case Number:</b>	CM14-0065325		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/18/2000
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Psychiatrist, 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:

Injured worker is a 48 year old male with date of injury 9/18/2000. He sustained a back injury his usual and customary duties as a medical transporter. Report dated 3/27/2014 indicated that the injured worker reported experiencing anxiety which he described as having a difficult time being around people. He reported experiencing "panic attacks" and stated that his panic episodes were set off by being around people and "the surgeries set me off." He described the "panic" as feeling anxious with increased heart rate, sweating and feeling boxed in. He stated that he had been experiencing these symptoms 1-2 times per day over the past 12 years and that he had been taking Xanax for years. He reported that he would use a one month supply of Xanax in a week. He suggested that he had not taken Xanax in approximately 8 months and wished to be prescribed Xanax on the day he was evaluated, however the treating physician did not feel that it was a preferred medication for him. He was diagnosed with Anxiety Disorder Not Otherwise Specified and Depressive Disorder Not Otherwise Specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 0.25MG TABLET, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The records indicate that the injured worker had been taking Xanax in the past for 12 years and there is documented history of Xanax abuse. Based on the above information, the request for Xanax 0.25 mg #30 is not medically necessary.