

<b>Case Number:</b>	CM14-0066638		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Family 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:

This case involves a 31-year-old female with a 7/9/12 date of injury. The mechanism of injury occurred when she was working as a housekeeper, and she hit her left hand on the metal frame of a bed while trying to tuck in the sheets. According to a handwritten progress report dated 4/23/14, the patient stated that her left upper extremity pain was worse. The pain was accompanied by stiffness and weakness. The patient had a history of anxiety attacks, depression, and sleep issues. Objective findings include tenderness to palpation of left upper extremities and shoulder accompanied with spasms with restricted ROM. Diagnostic impressions are sprain/strain of wrist, sprain/strain of elbow/arm, and lesion of ulnar nerve. Treatment to date includes medication management, activity modification, acupuncture, and physical therapy. A UR decision dated 5/1/14, denied the request for Xanax. Benzodiazepines are not supported for long-term use due to unproven efficacy and risk of dependence. Treatment to date: medication management, activity modification, acupuncture, physical therapy. A UR decision dated 5/1/14 denied the request for Xanax. Benzodiazepines are not supported for long-term use due to unproven efficacy and risk of dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mgm pO Q HS #42:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. According to the reports reviewed, the patient has been taking Xanax since at least 12/30/13. Guidelines do not support the long-term use of benzodiazepines. In addition, prior UR decisions dating back to 1/7/14 have recommended weaning the patient off of Xanax. There is no documentation that the provider has addressed the issue of weaning. Therefore, the request for Xanax 1mgm pO Q HS #42 is not medically necessary.