

<b>Case Number:</b>	CM14-0068899		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 55-year-old gentleman was reportedly injured on November 28, 2001. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated April 11, 2014, indicated that there were ongoing complaints of low back pain. No physical examination was performed on this date, although it was noted that the injured employee appeared comfortable and there was stated to be improvement of his back pain with the recent epidural steroid injection. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine fusion of L5-S1 and an epidural steroid injection. A request had been made for Alprazolam and was denied in the pre-authorization process on April 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1.0mg, #90 plus 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. The record reflects that this medication has been prescribed for an extended period of time and this request for 90 tablets in two refills indicates continued long-term usage. As such, this request for Xanax is not medically necessary and appropriate.