

<b>Case Number:</b>	CM14-0069685		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/30/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 31-year-old female was reportedly injured on January 30, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 18, 2014, indicates that there are ongoing complaints of back pain. The injured employee stated she is doing quite well and is following up for a medication refill. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles. No guarding or spasms were present. There was a negative straight leg raise test and a normal lower extremity neurological examination. Alprazolam was previously prescribed for anxiety. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery. A request had been made for alprazolam and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5 mg quantity #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**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 is being prescribed for long term use. There was a request for 120 tablets on March 18, 2014, and now there is this request for 150 tablets. As such this request for alprazolam is not medically necessary.