

<b>Case Number:</b>	CM14-0082090		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/17/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Emergency 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:

Patient with reported date of injury on 5/17/2009. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of herniated disc L5-S1 with radiculopathy, L shoulder overuse syndrome, insomnia and acid reflux. Patient is post lumbar spine surgery with microlaminectomy, neuroplasty and discectomy of L4-5 on 3/28/11. Patient had a lumbar decompression/revision on 7/25/13. Medical records reviewed. Last report available until 4/3/14. Many of the progress notes are hand written and have very poor legibility. Most of the information was retrieved from orthopedic progress notes. "Moderate low back pain". "Feels the same". Pain is 5-9/10. Worsened with activity or movement. Also complains of mild L shoulder pain. Objective exam reveals healed incision. Straight leg raise is negative. Intact motor and neurological exam. Tenderness to back. Limited range of motion. Use of Xanax is noted to be for sleep. Lumbar spine Xray(3/28/14) shows L4-5 instrumentation with inter body spacer. Consolidating fusion mass noted. Urine Drug Screen(3/10/14) was appropriate. Patient has had multiple epidural steroid injections. Medication list include Norco, Anaproxm, Tizanidine, Xanax and Prilosec. Independent Medical Review is for Xanax 1mg at bedtime #60. Prior UR on 5/5/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg. at bedtime # 60:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Insomnia Treatment>.

**Decision rationale:** Xanax is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. Documentation states Xanax was prescribed for sleep and anxiety. As per MTUS guidelines, benzos are not recommended due to risk of dependence and risk of tolerance. There is little evidence for its efficacy for pain. Use for anxiety and insomnia should be used for short term only. ODG guidelines was also reviewed and it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Xanax chronically at for almost a year. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The chronic use of Xanax is not medically appropriate and necessary.