

<b>Case Number:</b>	CM14-0089258		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 58 year old male with complaints of right upper extremity pain, spasms and pain legs and feet. The date of injury is 7/21/03 and the mechanism of injury is not elicited. At the time of request for Xanax 1mg #60 x 2, there is subjective (right upper extremity pain, burning sensations in legs and feet) and objective (allodynia over previous surgical site) findings, imaging findings (x-ray hand normal, cervical spine films dated 5/19/14 shows multilevel degenerative disc disease C4/5 thru C6/7), diagnoses (Complex regional pain syndrome type one upper extremity) and treatment to date (medications, spinal cord stimulator and removal, pain psychology, physical therapy). Per ODG, Xanax is not recommended for long term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #60 times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <Alprazolam(Xanax)>

**Decision rationale:** Per ODG, Xanax is not recommended for long term use. Therefore, this medication is not medically necessary.