

<b>Case Number:</b>	CM14-0190365		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	05/25/2005
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 62 year old male plumber with a date of injury of 05/25/2005. He stopped working in 2005. He had hip pain. He had two hip replacements, a rotator cuff repair and has had carpal tunnel surgery. On 07/18/2014 he had an open removal of bone from the left hip greater trochanter and a repair of the gluteus medius tendon. On 08/05/2014 his Benzodiazepam was negative on urine testing. On 09/10/2014 he had chronic pain of both shoulders and left hip radiating to the groin. On 09/24/2014 he denied being depressed. "He has been fairly stable now." He wanted to stop the Viibyrd for depression and Xanax was continued. He continued Restoril. On 10/23/2014 he had bilateral shoulder pain and left groin pain. He takes Norco for pain. Both shoulders had impingement signs. He apparently continued taking Viibyrd for depression on 10/23/2014 and refill was requested. On 10/30/2014 that was approved. He also continued taking Xanax and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg, 45 count with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Xanax.

**Decision rationale:** The ODG, 2014 notes that Xanax is not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the Benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. The patient has been taking Xanax BID PRN long term. Again, long term use is not consistent with the ODG.