

<b>Case Number:</b>	CM14-0196846		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	07/10/2004
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 43-year-old male with an injury date of 07/10/2004. Based on the 08/29/2014 progress report, the patient complains of having neck pain, back pain, and leg pain which he rates as an 8/10. The patient uses an assistive device (walker) to ambulate. There is tenderness to paravertebral muscles, L3-S1, and there is spasm on the surrounding tissue. The pain refers bilaterally to the hips, the lower back bilaterally, and to the posterior leg bilaterally. He has a positive straight leg raise and his pain radiates from the lumbar spine to both legs. The 09/23/2014 report states that the patient continues to have pain in his neck, back, and leg which he rates as an 8/10. No new exam findings were provided. The 10/21/2014 report also indicates that the patient has neck pain, back pain, and leg pain which he rates as an 8/10. The pain is described as being severe and constant. In regards to the lower extremity, there is tenderness over the right anterior thigh and over the left anterior thigh. The patient's diagnoses include the following: Chronic low back pain. Chronic use of opiate drugs, therapeutic purposes. Failed back syndrome, lumbar. The utilization review determination being challenged is dated 11/03/2014. Treatment reports were provided from 08/06/2014 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 MG #90:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** According to the 10/21/2014 progress report, the patient presents with pain in his neck, back, and leg. The request is for Xanax 1 mg #90. The patient has been taking Xanax as early as 08/06/2014. MTUS Guidelines page 24 states, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient has been taking Xanax as early as 08/06/2014 and it would appear that this medication is prescribed on a long-term basis, over 2 months. The treating physician does not mention that this is for a short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. It is not recommended for long-term use; therefore, the requested Xanax is not medical necessary.