

<b>Case Number:</b>	CM14-0204799		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old woman who sustained a work-related injury on December 18, 2009. Subsequently, she developed chronic neck and back pain. The patient has been treated with the following: analgesic medications, opioid therapy, work restrictions, and 12 sessions of aquatic therapy. The clinical report from September 23, 2014 noted that the patient had persistent complaints for neck, upper, and lower back pain. physical examination revealed limited range of motion in the cervical and lumbar spine with associated myofascial trigger points in the cervical paraspinal trapezii scalene and infraspinatus musculature. There was also apraspinal tenderness to palpation of the thoracic and lumbosacral paraspinal musculature. Decreased sensation was noted in an L5-S1 distribution. According to a progress report dated October 24, 2014, the patient continued to complain of upper and lower back pain. Without medication, the pain was a 9-10/10 and with medications the pain was a 4/10. The patient was diagnosed with chronic neck pain, myofascial pain syndrome, shoulder pain, depression, insomnia, and gastritis. The provider requested authorization for Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is a report of anxiety and depression and the use and failure of antidepressant was not documented. In addition Xanax has been used since at least July 2014. Therefore the use of Xanax is not medically necessary.