

<b>Case Number:</b>	CM14-0205565		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Acupuncture & Pain 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:

43y/o female injured worker with date of injury 12/10/11 with related hip, mid back, leg, and low back pain. Per progress report dated 11/19/14, the injured worker complained of low back pain radiating down both legs. X-rays had shown a calcific mass at the superior acetabular rim of the left hip. She rated her pain 7/10 in intensity. Physical exam was unremarkable. The injured worker noted that when she does not have her pain medication, her depression and anxiety increase. Treatment to date has included physical therapy, epidural steroid injections, TENS trial, sacroiliac joint injection, and medication management. The date of UR decision was 12/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg #25, take 1 daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24; 124.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 24 regarding benzodiazepines, "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. Their range of action

includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." The documentation submitted for review indicates that the injured worker has been using this medication since at least 12/2013. It is also noted that, per the previous UR, weaning was initiated. As the guidelines do not recommend this medication for long term use, the request is not medically necessary.