

<b>Case Number:</b>	CM15-0002529		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/10/2002
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, complex regional pain syndrome, and right lower extremity pain reportedly associated with an industrial injury of July 10, 2002. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for alprazolam (Xanax). The applicant's attorney subsequently appealed. In a November 11, 2014 progress note, the applicant reported ongoing complaints of neuropathic pain, reflex sympathetic dystrophy, anxiety, and depression. The applicant was using Norco, Neurontin, Cymbalta, Xanax, Ambien, albuterol, Zocor, and Symbicort, it was noted. The applicant's BMI was 28. It was stated that the applicant was using alprazolam on a daily basis for anxiety and Ambien two tablets at nighttime for sleep. The applicant was still smoking a pack per day. The applicant was also using a spinal cord stimulator. The applicant was asked to pursue a psychological evaluation. The applicant's work and functional status were not clearly outlined, although it did not appear that the applicant was working. In an earlier note dated May 23, 2014, the applicant's medical list included Norco, Neurontin, Wellbutrin, Xanax, Ambien, Zocor, and Symbicort. Once again, it was stated that the applicant was using alprazolam or Xanax for anxiolytic effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.25mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as alprazolam (Xanax) can be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant has been using alprazolam or Xanax for what appears to be a minimum of seven to eight months. Such usage runs counter to the philosophy espoused in ACOEM Chapter 15, page 402. The attending provider did not furnish any compelling applicant-specific rationale which would support usage of alprazolam or Xanax for the chronic, long-term, and daily-use purposes for which it is seemingly being employed here. Therefore, the request was not medically necessary.