

<b>Case Number:</b>	CM15-0004514		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 54-year-old male, who sustained an industrial injury on 1/20/2011. The diagnoses have included lumbar or thoracic radiculopathy, status-post cervical laminectomy, lumbar spondylosis and pain in joint involving shoulder region. He is status-post C5-7 anterior cervical discectomy, fusion, and right rotator cuff repair and subacromial decompression in June 2013. Currently, the IW complains of abdominal pain, back pain, shoulder pain and neck pain. He is still limited with range of motion and strength. He was recently hospitalized with severe depression after an adverse reaction to Seroquel. He uses Xanax 1/2 tab to 1 tab, 3-5 times per week for severe anxiety or panic attacks. He has been approved for cognitive behavioral therapy. On 12/09/2014, Utilization Review modified a request for Xanax 1mg #30 with two refills noting that the Benzodiazepines are not indicated for long-term use. The MTUS was cited. On 1/08/2015, the injured worker submitted an application for IMR for review of Xanax 1mg #30 with two

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg TID #30 w/2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Alprazolam (Xanax).

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

**Decision rationale:** The patient presents with low back, right shoulder, and neck pain. The current request is for "Xanax" 1 mg t.i.d. #30 with 2 refills. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is risk of dependence." Most guidelines limit use to 4 weeks. This patient has been utilizing Xanax since as early as December of 2013. The patient has been prescribed this medication for his continued anxiety and panic attacks. The MTUS Guidelines recommend maximum of 4 weeks due to "unproven efficacy and risk of dependence." Given this medication has been prescribed for long-term use, continuation cannot be recommended. The requested Xanax IS NOT medically necessary.