

<b>Case Number:</b>	CM15-0005190		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Hawaii  
 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 37-year-old female, with a reported date of injury of 03/08/2011. The diagnoses include mood disorder, anxiety disorder, and major depressive disorder. Treatments have included Alprazolam 0.5mg one by mouth three times a day as needed; mirtazapine; Latuda; and an initial psychological evaluation on 10/07/2014. The progress report dated 12/05/2014 indicates that the injured worker rated her pain 3 out of 10 with medications, and 5 out of 10 without medications. Her quality of sleep was poor, and her activity level had remained the same. The objective findings include patchy light touch sensation in distribution, calmness, and an normal neurological examination. The treating physician requested a refill of Alprazolam for anxiety. It was noted that the medication has allowed the injured worker to continue working, and she benefits from the medication. On 12/17/2014, Utilization Review (UR) modified the request for Alprazolam (Xanax) 0.5mg #60, noting that there was no documentation of medical indication for this medication in the treatment of the injured worker's injury, and no documentation of functional improvement from the previous use. The MTUS Chronic Pain Guidelines cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam (Xanax) 0.5 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:** The patient presents with back pain and a mood disorder. The patient has had multiple suicide attempts as well. The current request is for Alprazolam (Xanax) 0.5 mg #90. The treating physician states that the patient's pain with medications is reduced to 3/10 from 5/10 without medications. Her quality of sleep is poor. The MTUS guidelines state that 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. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). In this case, the treating physician reports reviewed show that the patient has been prescribed Xanax (Alprazolam) since at least 6/11/14. The MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. The treating physician provides no documentation of the patient's response to the ongoing usage of Xanax as MTUS requires on page 60 and there is nothing in the reports reviewed to indicate why the patient requires ongoing usage of Xanax beyond the recommended 4 weeks. Recommendation is for denial.