

<b>Case Number:</b>	CM15-0009983		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/28/2005
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Arizona  
 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 40-year-old male who reported an injury on 03/28/2005. The mechanism of injury was lifting. His past treatments have included epidural steroid injection, activity modification, sacroiliac joint blocks, lumbar surgery, and medications. He is diagnosed with chronic low back pain and status post lumbar fusion on 04/16/2014, the injured worker was seen for follow-up regarding his chronic low back pain and other problems including neuropathic pain from right arm amputation, sacroilitis, and post fusion back pain. The physical examination revealed normal motor strength and sensation of the lower extremities. His medications were noted to include OxyContin, oxycodone, Norco, Soma, Xanax, Lyrica, and methadone. The treatment plan included medication refills. A request was received for Xanax 1 mg #90. However, a specific rationale for this medication was not provided.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use as long term efficacy is unproven and there is a significant risk of dependence, abuse, and adverse side effects. The guidelines limit use to 4 weeks in most cases. The clinical information submitted for review indicated that the injured worker had been using Xanax since at least 2010. It was also noted that he had previously been recommended for weaning on 06/13/2013. However, this medication was restarted on 02/07/2014 and then again recommended for discontinuation and weaning on 08/07/2014. As the injured worker has far exceeded the guidelines recommendation of no more than 4 weeks use of this medication, continued use is not supported. Furthermore, the request as submitted did not include a frequency. Therefore, the request is not medically necessary.