

<b>Case Number:</b>	CM15-0102556		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Pain Management

### 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 63-year-old female, who sustained an industrial injury on 04/03/2008. She reported injury to her right wrist. She was diagnosed with a fracture. Treatment to date has included medications, x-rays, casting and a functional restoration program. She was later diagnosed with reflex sympathetic dystrophy. According to a psychiatric progress report dated 04/29/2015, the injured worker was being followed for anxiety and depression associated to a work related back injury. She also suffered from chronic pains and used a cane to help her ambulate. Psychiatric symptoms were controlled with her present medications. She had no present thoughts of harming herself or others. She had no auditory or visual hallucinations. Her judgment and insight were fair. She had no extra pyramidal sided effects, akathisia or tremor. She remained very disabled from gainful employment. Her psychiatric medications were refilled and included Lexapro, Abilify, Topamax and Xanax. Currently under review is the request for Xanax. A report dated January 21, 2015 states that the patient complains of anxiety. After starting Xanax, her symptoms have improved and she is doing much better.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #30:** Overturned

**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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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." 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. Within the documentation available for review, the requesting physician has identified that the patient has complaints of anxiety, which have resolved with the use of Xanax. Additionally, no side effects have been reported from Xanax. The patient appears stable on the current treatment regimen. Although Xanax is not generally recommended for long-term use, the medication appears to have been appropriately initiated, and seems to be improving the patient's condition substantially with no side effects. As such, the currently requested Xanax (alprazolam) is medically necessary.