

<b>Case Number:</b>	CM15-0130430		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female, who sustained an industrial injury on 6/4/13. Initial complaint was of a left knee injury. The injured worker was diagnosed as having left knee medial meniscus tear. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/18/15 indicated the injured worker complains of chronic left knee pain and locking which substantially limits her capacity to work or carry on activities of daily living. She reports a modest degree of symptom stabilization with improved function, while using the provided medications. It was recommended that a left knee arthroscopy with partial medical meniscectomy be performed. It was previously denied, but reviewed by a Qualified Medical Examiner who agreed with the recommendation. A left knee arthroscopy partial medial and lateral meniscectomy with limited synovectomy/plicectomy was performed on 6/18/15. The provider is requesting authorization of Xanax 1mg ½ tab daily at bedtime #60 for date of service 6/8/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg 1/2-1 tab daily at bedtime #60 DOS: 6/8/15: Upheld**

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the indication for use of Xanax was not substantiated. Sleep disorder and insomnia were not substantiated. The use of Xanax is not medically necessary.