

<b>Case Number:</b>	CM15-0137704		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 57 year old male, who sustained an industrial injury on November 28, 2011. The injured worker was diagnosed as having cervical disc protrusion, cervical spinal stenosis, cervical radiculopathy, lumbar radiculopathy, status post lumbar spine surgery October 31, 2014, and partial rotator cuff tear bilateral shoulders. Treatments and evaluations to date have included trigger point injections, lumbar microdecompression of L3 to S1, physical therapy, acupuncture, MRIs, home exercise program (HEP), polysomnography, electrodiagnostic studies, and medication. Currently, the injured worker complains of constant neck pain radiating to the left upper extremity with numbness and tingling rated 6/10, constant low back pain radiating to the bilateral lower extremities with numbness and tingling in both legs rated as 5/10, and constant bilateral shoulder pain rated as 5/10 on the right and 6/10 on the left. The Secondary Treating Physician's examination dated May 20, 2015, noted the injured worker with tenderness to palpation over the cervical paravertebral muscles bilaterally. The treatment plan was noted to include was noted to continue with the current treatment protocol as outlined by the primary treating physician. The Primary Treating Physician's report dated June 22, 2015, noted tenderness to the cervical spine with limited range of motion (ROM), and a treatment plan that was noted to include the injured worker temporarily totally disabled, Norco, and severe cervical spine stenosis requiring surgery. A request for authorization has been made for a Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #60:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Alprazolam (Xanax), Benzodiazepines.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. "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." The ODG notes that Xanax is not recommended for long-term use, and that if Xanax is combined with other drugs that depress the central nervous system, such as opioids, the effects of these drugs on the body can be dangerously enhanced. Benzodiazepines are not recommended as a first-line medication, however, if prescribed, the criteria for use includes that indications for use should be provided at the time of initial prescription, and authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. The injured worker was noted to have been prescribed the Xanax since at least September 2014, without documentation of the indication for use or of the efficacy of the treatment. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for Xanax 1mg #60. As such, this request is not medically necessary.