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| <b>Case Number:</b>   | CM15-0143025 |                              |            |
| <b>Date Assigned:</b> | 08/03/2015   | <b>Date of Injury:</b>       | 11/22/2004 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2015 |

### 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 was a 33 year old male, who sustained an industrial injury, November 22, 2004. The injured worker previously received the following treatments Oxycodone instant release, morphine sulfate extended release, Valium, Robaxin, Baclofen, Soma, failed Flexeril, Percocet, Oxycontin, Celebrex, Ibuprofen and Nucynta, lumbar spine MRI, failed detoxification programs 5-6 times in the past, Methadone and Fentanyl patches. The injured worker was diagnosed with lumbago, lumbar degenerative disc disease, chronic pain, bulging lumbar spine disc and postlaminectomy syndrome. According to progress note of June 23, 2015, the injured worker's chief complaint was back pain. The injured worker rated the pain 7 out of 10 with the morphine sulfate extended release. The injured worker was using the Oxycodone instant release for flare-ups when the pain was 10 out of 10, reducing the pain to 4-5 out of 10. The injured worker continued to benefit from the Valium for spasms, anxiety and tremors. The physical exam noted a slow and steady gait without devices. There was bilateral tenderness with palpation. There was decreased range of motion of the back. The treatment plan included a prescription for Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 claimant had been on Valium for spasms as well as numerous muscle relaxants. The Valium was noted to provide only short-term relief. The Xanax is even shorter acting. Long-term use of Benzodiazepines for muscle spasms or other indications is not recommended. The Xanax is not medically necessary.