

<b>Case Number:</b>	CM15-0161715		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/06/1994
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 69 year old female, who sustained an industrial injury on 10-6-1994. She reported injury to the low back pain after lifting activity. Diagnoses include post laminectomy lumbar, spondylosis, anxiety disorder, radiculopathy, and myofascial pain syndrome. Treatments to date include activity modification, medication therapy, physical therapy, and medial branch blocks. Currently, she complained of increased panic attacks and difficulty sleeping with inability to obtain Xanax due to denials. She also reported increased thoracic pain and ongoing pain in the left shoulder, left hip and left lower leg. On 7-24-15, the physical examination documented lumbar tenderness with muscle spasms and trigger points. The provider documented that previous plans to wean Xanax would be put on hold due to increased symptoms with decreased access. The plan of care included Xanax 0.5mg, one tablet two to three times a day #60 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax 0.5 mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for another two-month supply is not medically necessary. It is to be noted that the physician who performed the UR authorized #30 tabs for the purpose of safe taper.