

<b>Case Number:</b>	CM15-0164141		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 -year-old male who sustained an industrial injury on December 9, 2013 resulting in reports of feeling anxious, worried, irritable, exhibiting symptoms of panic, and bad dreams. Diagnoses have included Major Depressive Disorder, General Anxiety Disorder, Posttraumatic Stress Disorder-Chronic, Insomnia Related to Anxiety Disorder, and Stress-Related Physiological Response. Documented treatment includes psychological evaluation, individual and cognitive behavioral group psychotherapy, and psychotropic medication. The injured worker continues to present with symptoms of anxiety. The treating physician's plan of care includes Xanax 0.5 mg. Current work status is not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Benzodiazepines.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the medical records note that Xanax is being prescribed for anxiety and per the MTUS Chronic Pain Medical Treatment Guidelines 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. Per ODG's mental illness and stress chapter, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. 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. ODG cites recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from nonpsychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015). The long-term use of benzodiazepines is not supported per the cited guidelines. However, abrupt discontinuation is not supported. Therefore, weaning is recommended and this request is being deemed medically necessary and appropriate to initiate weaning of Xanax. The request for Xanax 0.5 mg #120 is medically necessary and appropriate.