

<b>Case Number:</b>	CM15-0182831		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/23/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 23, 2013. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for alprazolam (Xanax). The claims administrator referenced an August 6, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said August 6, 2015 office visit, the applicant reported ongoing complaints of low back pain, at times stabbing, throbbing, and burning. Derivative complaints of sleep issues, depression, and anxiety were endorsed. The applicant was given prescriptions for Tylenol, Ambien, and Xanax. The applicant was described as having issues with anxiety and sleep disturbance. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Alprazolam #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** No, the request for alprazolam (Xanax) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be employed for "brief periods", in cases of overwhelming symptoms, here, however, there was no mention of the applicant's having overwhelming symptoms of anxiety on or around the date in question, August 6, 2015. The request for 60 tablets of alprazolam (Xanax), moreover, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate sedative/anxiolytic agents, alprazolam and Ambien. Therefore, the request was not medically necessary.