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| <b>Case Number:</b>   | CM15-0197606 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 09/05/2013 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 09/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2015 |

### 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 is a 47 year old female, who sustained an industrial injury on 9-05-2013. The injured worker was being treated for status post right shoulder surgery, left shoulder sprain, right lateral epicondylitis, right knee pain, and insomnia. Treatment to date has included diagnostics, physical therapy, right shoulder surgery in 4-2014, and medications. Currently (9-02-2015), the injured worker complains of bilateral shoulder pain, right elbow pain, and right knee pain. Work status was modified. She reported that her primary care physician recommended she not take Norco due to "some liver and gallbladder problem". Current medication regimen was not noted. A review of symptoms and was "all negative except for the systems associated with the injury". Her mood was not described and psychological complaints were not specified. She was prescribed Xanax for anxiety and stress (since at least 7-01-2015). The treatment plan included Xanax 1mg #30, modified to Xanax 1mg #10 by Utilization Review on 9-14-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**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, anti-convulsant and muscle relaxant. In this case, the claimant was on Xanax for over a month for anxiety. Long-term use is not indicated. As a result, the continued use of Xanax is not medically necessary.