

<b>Case Number:</b>	CM15-0199797		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 44 year old female who sustained an industrial injury on 9-14-04. A review of the medical records indicates she is undergoing treatment for anxiety and depression. On 9-10-15, the treating provider indicates that her anxiety "has now become a problem and is no longer bearable". The record indicates that she is "experiencing more panic attacks and has become more anxious". The 6-17-15 record indicates that her anxiety and depression "remain bearable and controlled with her present psychiatric medication regimen". Her medications include Cymbalta 90mg daily, Abilify 10mg daily, Xanax 0.5mg twice daily, and Ambien 10mg at bedtime. She has been receiving Xanax since, at least March 2009. BusPar 15mg twice daily was prescribed on 9-10-15. She is to be re-evaluated in 1-2 months. She is not working. The utilization review (9-28-15) includes a request for authorization of Xanax 0.5mg #60. The request was modified to a quantity of 48.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #60:** 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, Mental Illness and Stress Chapter, Benzodiazepines.

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

**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. The request for Xanax 0.5 mg #60 is excessive and not medically necessary. It is to be noted that the UR physician authorized #48 tablets for a safe taper.