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| <b>Case Number:</b>   | CM15-0203254 |                              |            |
| <b>Date Assigned:</b> | 10/19/2015   | <b>Date of Injury:</b>       | 06/22/2001 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 10/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2015 |

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

This is a 52 year old female who sustained an industrial injury on 06/22/2001. She is status post lumbar decompression revision (05/2013). Diagnoses include rule out lumbar radiculopathy and rule out lumbar intradiscal component. In progress report of 09/09/2015 she complained of low back pain 6/10 with increasing left lower extremity symptoms. She was temporarily totally disabled. Treatment has included lumbosacral orthosis (LSO), transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications included oxycodone, hydrocodone, Xanax (since at least 04/2015), ibuprofen and Soma. UR of 10/10/2015 modified a request for Xanax from quantity 60 to quantity 54.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg, quantity 60 tablets: Upheld**

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

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

**Decision rationale:** Benzodiazepines are not recommended for long term use beyond four weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety, and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. She has been on Xanax since at least 04/2015, exceeding guidelines. Medical necessity and rationale for continued use have not been shown. This request was modified for weaning on 10/10/2015. This request is not medically necessary.