

<b>Case Number:</b>	CM15-0208213		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old female, who sustained an industrial injury on 11-21-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right upper extremity chronic regional pain syndrome. Treatment and diagnostics to date has included medications. Recent medications have included Lyrica, Neurontin, Percocet, and Effexor. Subjective data (08-06-2015 and 09-03-2015), included right hand and wrist pain. Objective findings (09-03-2015) included skin and muscles of right hand and wrist are "progressively atrophic and shiny" with hyperesthesia and allodynia over the dorsal aspect of her right wrist, hand, and fingers. The Utilization Review with a decision date of 09-25-2015 modified the request for Xanax #45 to Xanax #25.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax Qty 45, 1 prescription: 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: Pain (Chronic)-Alprazolam (Xanax).

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

**Decision rationale:** According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "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. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Therefore the request for Xanax is not medically necessary and is not certified.