

<b>Case Number:</b>	CM15-0219770		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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

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 injured worker was a 27 year old male, who sustained an industrial injury on August 26, 2013. The injured worker was undergoing treatment for lumbar slipped disc, lumbar HNP (herniated nucleus pulposus) without myelopathy, lumbar spinal stenosis, radiculitis and right L4-L5 partial laminectomy and discectomy on May 7, 2015. According to the progress note of May 29, 2015, after surgery, the injured worker became depressed. According to progress note of October 28, 2015, the injured worker's chief complaint was constant low back pain radiating to the lower extremities. The objective findings were the injured worker used a seated walker for ambulation. The injured worker was able to walk without the walker, however the injured worker had right foot drop. The injured worker was very depressed. The injured worker required assistance with bathing. The injured worker was worse after surgery. The injured worker was taking Xanax and Tylenol with codeine. The injured worker had no aberrant behavior. The injured worker was able to do activities of daily living with medications. The injured worker signed a narcotic contact at this visit. The injured worker previously received the following treatments Tylenol #3 #90, Xanax 0.5mg three times daily, Norco 10-325mg, Soma, Cymbalta 30mg, surgery and physical therapy. The RFA (request for authorization) dated October 27, 2015; the following treatments were requested a prescription for Xanax 0.5mg #90 one tablet 3 times daily. The UR (utilization review board) denied certification on November 3, 2015; for a prescription for Xanax 0.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/ Benzodiazepines.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that Benzodiazepines use be short term only (4 weeks or less). Longer-term use is not recommended for the treatment of chronic pain or derivative issues associated with chronic pain (anxiety, depression, or insomnia). ODG Guideline has those same recommendations in the Guidelines that address psychological issues. The updated ODG Guidelines also note recent evidence of Benzodiazepines being a significant risk factor for early dementia. There are no unusual circumstances to justify an exception to Guidelines. The Xanax 0.5 mg # 90 is not supported by Guidelines and is not medically necessary.