

<b>Case Number:</b>	CM15-0046999		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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

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 is a 54 year old male, who sustained an industrial injury on March 31, 2009. He has reported lower back pain and right leg pain. Diagnoses have included right sacral radiculopathy, lumbosacral facet arthropathy, failed back syndrome, and multilevel lumbar degenerative disc disease. Treatment to date has included medications, massage, physical therapy, stretching, spinal cord stimulator, nerve root block, spinal fusion and disc replacement and psychotherapy. A progress note dated February 12, 2015 indicates a chief complaint of lower back pain radiating to the right hip and leg. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Guidelines do not support the long term use (beyond 4 weeks) of Benzodiazepines for the treatment of chronic pain nor for conditions associated with chronic pain i.e. anxiety, depression, or muscle spasm. There are no unusual circumstances that would justify an exception to Guidelines. The Xanax .5mg. #60 with 3 refills is not supported by Guidelines and is not medically necessary.