

<b>Case Number:</b>	CM15-0083529		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 57 year old female, who sustained an industrial injury on January 7, 2009. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), radiculitis and myofascial pain, lumbar disc replacement, carpal tunnel syndrome, carpal tunnel and cubital tunnel release, depression and anxiety. Treatment and diagnostic studies to date have included opioid and benzodiazepine medications. A progress note dated March 30, 2015 provides the injured worker complains of back and leg pain. She reports new pain on the right side of the back and ongoing radiating pain to her left leg with numbness and tingling and bilateral ankle pain. The pain is rated 8/10 without medication and 6/10 with medication. She reports seeing a psychotherapist is helpful. She reports not getting to an appointment with another physician for her Xanax so it ran out. Physical exam notes lumbar and ankle tenderness with a mildly antalgic gait. The plan includes medications such as Xanax and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Xanax 1mg quantity 90 (prescribed 03/30/2015): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, benzodiazepams.

**Decision rationale:** ODG guidelines support Xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. The medical records provided for review do not document the presence of an anxiety condition shown to benefit from long term therapy with the requested medication and is not supported under ODG guidelines for use in pain or spasm. This request is not medically necessary.