

<b>Case Number:</b>	CM15-0088021		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 73 year old female, who sustained an industrial injury on 9/10/96. She reported low back pain, leg cramps and right ankle sprain. The injured worker was diagnosed as having back pain. Treatment to date has included oral medications including Lyrica, Prozac, Quaaluan, Vicodin, Xanax and Zanaflex, topical medication including Flector; physical therapy, back surgery and cane for ambulation. Currently, the injured worker complains of low back pain across back getting worse and without radiation. Physical exam noted tenderness at L4-L5, paraspinal spasm over the right and left side, trigger points L4, L5 and Sciatic right and diminished range of motion. Treatment plan included continuation of medications, sample trial of Brintellix and follow up appointment. A request for authorization was submitted for Xanax, Vicodin and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam Tab .5 MG #30 1 Every Day with 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are 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 as chronic benzo-diazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam Tab .5 MG #30 1 Every Day with 3 Refills is not medically necessary and appropriate.