

<b>Case Number:</b>	CM14-0116648		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/18/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 03/18/1997. The mechanism of injury was a slip and fall. The diagnoses included neurogenic bowel, neurogenic bladder, chronic low back pain, right knee pain, bilateral shoulder pain with tendinopathy. The previous treatments included medication and aquatic therapy. The diagnostic testing included x-ray, MRI's. The clinical documentation submitted indicated the injured worker continued to have sleep difficulties. She complained of migraine headaches. The provider requested Xanax. However, a rationale was not provided for clinical review. The Request for Authorization is not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg 100 cnt 1 PBTL:** Upheld

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

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

**Decision rationale:** The request for Xanax 1 mg #100 one PBTL is not medically necessary. The MTUS Guidelines do not recommend Xanax for long term use due to the long term efficacy

being unproven and there is risk of dependence. The guidelines also recommend limited use to 4 weeks. The injured worker has been utilizing the medication since at least 08/15/2003, which exceeds the guidelines' recommendation of short term use. Additionally, there is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.