

<b>Case Number:</b>	CM14-0138246		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 18, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a cane; knee braces; and anxiolytic medications. In a Utilization Review Report dated August 13, 2014, the claims administrator denied a request for Xanax. The applicant's attorney subsequently appealed. In an appeal letter dated August 20, 2014, the attending provider noted that the applicant had persistent complaints of chronic neck pain, low back pain, posttraumatic headaches, knee pain, arm pain, depression, and anxiety. The attending provider sought authorization for ketamine cream, lidocaine ointment, ondansetron, Sprix nasal spray, and Xanax. The attending provider stated that he acknowledged that Xanax was not indicated for long-term use purposes but then went on to endorse one and half tablets of the same daily. In a July 14, 2014 progress note, the applicant again presented with multifocal pain complaints. The applicant stated that her heartburn was worsened at night. The applicant was reportedly using lidocaine ointment, ketamine cream, Xanax, Frova, Norco, Zofran, Sprix nasal spray, glucosamine, Celebrex, Zoloft, and Protonix, it was acknowledged. Several of the same were refilled. It was stated that the applicant was not intent on any kind of surgical intervention. On August 26, 2014, the applicant was given refills of Norco, methadone, Frova, glucosamine, and Zoloft. It was stated that the applicant was currently using Xanax at a rate of one and half tablets daily. On June 16, 2014, the applicant was again described as using one and half tablets of Xanax daily. Several medications were renewed. In an earlier note dated January 30, 2014, the applicant was described as having a variety of complaints, including multifocal pain complaints ranging from 8-10/10. The applicant was depressed and anxious. The applicant was using Xanax at that point in time, it was noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 0.25 1.5 qd prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,124.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider is intent on using Xanax for chronic, long-term, and daily use purposes, which are incompatible with ACOEM. The applicant has been using Xanax at a 1 1/2 tablet per day rate for anxiety and depression purposes since January 2014. Continued usage of the same is not in line with the ACOEM position on long-term usages of benzodiazepines. Therefore, the request is not medically necessary.