

<b>Case Number:</b>	CM14-0156054		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family 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:

This is a 57-year-old female patient who reported an industrial injury on 8/14/1994, over 20 years ago, attributed to the performance of her usual and customary job tasks. The patient was noted to have had surgical intervention to the shoulder on 4/22/2014. The patient was noted to have received 10 recent sessions of cognitive behavioral therapy. The patient reported having constant hip pain radiating into the quadriceps with a feeling of instability. The patient was being prescribed Tylenol p.m. extra strength; Xanax 0.25 mg #90; Wellbutrin SR 100 mg #180; Zoloft 100 mg #180; and Norco PRN. The patient was diagnosed with hip arthralgia; hip bursitis; tendinitis; and sprain strain of the hip. The patient was reported to have failed ongoing conservative care to the hip and was a candidate for left hip VA with hip abductor tendon repairs, femoroplasty. The patient was also diagnosed with anxiety disorder and depressive disorder secondary to the reported musculoskeletal injuries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 0.25 #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; benzodiazepines

**Decision rationale:** The continued prescription of Xanax (alprazolam) 0.25 mg #90 is not supported with objective evidence to support medical necessity and is inconsistent with the recommendations of the currently accepted evidence-based guidelines. The patient is being prescribed a benzodiazepine for a muscle relaxant and an anxiety agent, which is not recommended by the CA MTUS. There is no demonstrated medical necessity for the prescription of Xanax/Alprazolam for this patient in relation to the effects of the industrial injury. The Xanax/Alprazolam is being prescribed for anxiety issues that are not supported with a rationale for a nexus to the cited mechanism of injury or cited diagnoses. The patient was recommended to be discontinued from the prescribed Xanax/Alprazolam by weaning down and off. The anxiety issues are not demonstrated to be industrial and should be treated with alternative methods. The use of a short half-life benzodiazepines, such as, Alprazolam 0.25 mg for anxiety is not medically necessary or supported by evidence-based guidelines. The request for the use of Xanax for anxiety, or as a muscle relaxant is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines. The ODG states: Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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 prescription of Xanax/Alprazolam on an industrial basis is not medically necessary and inconsistent with evidence-based guidelines. The current prescription for Xanax/Alprazolam is not demonstrated to be medically necessary or reasonable for the treatment of the effects of the industrial injury. The CA MTUS does not recommend Xanax/Alprazolam as the efficacy is unproven, alternatives are readily available, and Xanax use may lead to dependence. There is no demonstrated medical necessity for the prescribed Alprazolam 0.25 mg #90.