

<b>Case Number:</b>	CM14-0163371		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Colorado. 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:

43 year old female with date of injury 12/26/2013, continues follow up with treating physician for Post-Traumatic Stress Disorder, Depression and Generalized Anxiety Disorder, and Sleep disorder. Patient sustained scalding injury to right ear / right face and neck and right lateral chest wall / left upper breast and complains of ongoing pain in these areas. The treating physician has been following patient routinely since the accident for medications and cognitive behavioral therapy, aided by interpreter. Patient has been maintained for several months, per the records supplied for review, on Ambien, Prazosin, Paxil, and Xanax. Patient reports improvement in symptoms, especially sleep and nightmares, over time, with the medications and describes the medications as "essential." She has been using Xanax for anxiety, and new bedtime dosing is intended to help improve sleep, in addition to Ambien. Treating physician requested continuation of Ambien, Prazosin, Paxil and Xanax, and all but Xanax were approved as requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax .5 MG 1-2 Daily:** Upheld

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

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

**Decision rationale:** Xanax is a medication classified as a Benzodiazepine. Per the guidelines, benzodiazepines, are not to be used for more than 4 weeks. No quality evidence exists that benzodiazepines are effective long term, and they do carry a risk of dependence / abuse. Benzodiazepines have several applications including sedative, anxiolytic, anticonvulsant, and muscle relaxer. Tolerance to all indications develops over weeks to months. At the time of the request, patient had been taking Xanax for months for anxiety. While she reported improved symptoms, the depression scales, performed every 2-3 weeks, which include measures of sleep and /or anxiety, did not show any change in that time. Given lack of long term efficacy, recommendations against use longer than 4 weeks, and risks of dependence, the request for Xanax is considered not medically indicated. Patient should be tapered off of the medication to avoid withdrawal symptoms. Therefore, the request for Xanax 0.5 mg 1-2 daily is not medically necessary and appropriate.