

<b>Case Number:</b>	CM14-0181808		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/05/2007
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 58-year-old male with an injury date of 10/05/2007. According to the 07/30/2014 progress report, the patient describes his pain as being aching, cramping, heavy, and sharp. The patient describes his pain as a 9/10 at its worst and an average of 5/10. The patient also has problems falling asleep due to pain, feeling blue all the time, frustrated because of pain, muscle cramps, non-restful sleep, restrictions on activities, unable to fall/stay asleep, waking up due to pain at night, weakness, depression, and headaches. The patient also has leg pain and has a positive straight leg raise on the left. He also has a decreased sensation to light touch and pinprick in the left L4 and L5 dermatomal distribution. He has an abnormal gait, antalgic favoring left leg. The 09/25/2014 report states that the patient continues to have headaches and anxiety attacks. He rates his pain as a 6/10. The patient's diagnoses include the following: Closed-head injury with concussion with cognitive impairment, Depression, Back pain and Knee pain. The Utilization Review determination being challenged is dated 10/13/2014. Treatment reports were provided from 04/23/2014 - 09/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Xanax 1mg, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Methadone; Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness Chapter, Benzodiazepines.

**Decision rationale:** According to the 09/25/2014 progress report, the patient complains of having headaches and anxiety attacks. The request is for a refill of Xanax 1 mg quantity of 90. The patient has been taking Xanax as early as 07/17/2014. MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks." ODG guidelines under mental illness chapter, states benzodiazepines "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." In this case, the patient has been taking Xanax as early as 07/17/2014 which exceeds MTUS, ODG Guidelines. Only short-term use is recommended for Benzodiazepines. Therefore, this request is not medically necessary.