

<b>Case Number:</b>	CM14-0215532		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	12/22/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 was a 48 year old male, who sustained an injury on December 22, 2013. The injured worker was hit in the left hip with a piece of luggage. The injured worker sought medical attention on January 3, 2014 when x-rays were taken of the hip, no fractures noted. The injured worker was placed on temporary total disability. An MRI of the left hip was performed on January 27, 2014. Diagnoses included left hip avulsion fracture of greater trochanter, left hip greater trochanteric bursitis. The injured worker was prescribed physical therapy. Additional treatments included applying ice, transcutaneous electrical nerve stimulation (TENS) unit, activity modification, and pain medication. A report from the primary treating physician from April 10, 2014 notes that the injured worker had frequent pain in the left hip with radiation to the leg and back, with pain rated as 6-7 out of 10 in severity, and that the injured worker walked with a limp. The injured worker denied depression or anxiety. Examination showed decreased range of motion of the left hip with tenderness of the greater trochanter and normal muscle strength. As of 4/10/14 the injured worker was not working and had last worked December 22, 2013. On October 9, 2014, Xanax was not detected on urine drug screen reports but was noted as being prescribed. The injured worker was treated with Norco and Ibuprofen for pain. Progress notes from July 2014 through November 2014 consistently document that the injured worker's mood was appropriate and affect was normal. The progress note of November 10, 2014 notes that the injured worker takes Xanax for anxiety. According to the progress note of November 24, 2014, the injured worker was taking Xanax for anxiety and to help the injured worker sleep as he has worse pain at night. No other discussion of anxiety or sleep disturbance

was included in the records provided. On November 26, 2014, Utilization Review (UR) denied authorization for a prescription of Xanax. The UR denial was based on the MTUS Chronic Pain Medical Treatment guidelines for Xanax. UR noted that Xanax is not recommended for long term use and that a weaning dose had already been provided. On November 26, 2014, the UR denied authorization for a prescription of Xanax. The denial was based on the MTUS Chronic Pain Medical Treatment guidelines for Xanax. Xanax was not recommended for long term use because of physical dependence or frank addiction. Xanax can be used for moderate to severe anxiety disorders and as an adjunctive treatment for anxiety associated with depression.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Xanax 0.5 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): p.24. Decision based on Non-MTUS Citation chronic pain: insomnia treatment

**Decision rationale:** Per the MTUS, benzodiazepines (such as Xanax) are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence; most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The physician documentation notes that the injured worker took Xanax for anxiety and to help with sleep. There was no detailed discussion of the injured workers diagnosis of anxiety. Documentation notes that xanax had been prescribed for at least two months and the urine toxicology screen in October was inconsistent with the prescription. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Because of the duration of use longer than that recommended by the guidelines, the inconsistent urine drug screen, and the lack of sufficient documentation of evaluation of anxiety and sleep disturbance, the request for Xanax 0.5mg sixty count is not medically necessary.