

<b>Case Number:</b>	CM14-0056511		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/12/2000
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 42 year old male, who sustained an industrial injury on November 12, 2000. The injured worker was diagnosed as having lumbar radiculopathy, mood disorder, and post lumbar laminectomy syndrome. Treatment to date has included MRIs, TENS, epidural steroid injections (ESIs), facet injections, trigger point injections, physical therapy, electromyography (EMG)/nerve conduction study (NCS), acupuncture, chiropractic treatments, biofeedback, psychotherapy, CT, x-rays, and medication. Currently, the injured worker complains of low back pain with bilateral lower extremity radiation and weakness. The Primary Treating Physician's report dated March 18, 2014, noted the injured worker's current medications as Lexapro, MS Contin, Valium, Viagra, Xanax, and Zanaflex. Physical examination was noted to show the lumbar spine with restricted range of motion (ROM), and on palpation the paravertebral muscles were noted to have hypertonicity, spasm, tenderness, tight muscle band and trigger points. Spinous process tenderness was noted at L4, with lumbar facet loading positive bilaterally. Straight leg raise was positive on both sides with trigger point with radiating pain and twitch response on palpation noted at the lumbar paraspinal muscles on the right and left. The treatment plan was noted to include continuing the injured worker's current medication regimen, with prescriptions for Lexapro, Zanaflex, MS Contin, Valium, and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Xanax 1mg #60: Upheld**

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Valium and Xanax for several months for anxiety. Although there was a plan to wean the medications, the medication continued. Other medications such as Lexapro, which had been provided for anxiety as well, are better suited for the long term. Continued use of Xanax is not medically necessary.