

<b>Case Number:</b>	CM14-0060840		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/10/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic low back pain, chronic mid back pain, insomnia, depression, and anxiety reportedly associated with an industrial injury of June 10, 2003. In a Utilization Review Report dated March 24, 2014, the claims administrator partially approved a request for alprazolam, reportedly for weaning purposes. The claims administrator referenced an RFA form received on March 12, 2014 in its determination. In a progress note dated March 18, 2014, the applicant reported multifocal complaints of wrist, hand, shoulder, mid back, and low back pain with derivative complaints of insomnia, depression, and gastrointestinal distress. The applicant was asked to continue Duragesic, Norco, Lyrica, and Soma for chronic pain complaints. Prilosec was endorsed for dyspepsia. The applicant was asked to employ Xanax for anxiolytic effect. In an earlier note dated January 27, 2014, the applicant was, once again, asked to employ Duragesic, Norco, Lyrica, Soma, Prilosec, and Xanax. It was suggested that the applicant was using Xanax on a twice daily basis for anxiolytic effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam .5mg, Days 30, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The request for Alprazolam, an anxiolytic medication, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Alprazolam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on employing Alprazolam (Xanax) for chronic, long-term, and/or twice daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.