

<b>Case Number:</b>	CM15-0127720		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 is a 28 year old female who sustained an industrial injury on 10/29/09. Per 4/22/15 note the injury occurred 7/11/09 when the injured worker bent over. She felt her back pop and noted pain throughout her neck, bilateral shoulders, upper and lower back. She was medically evaluated, given medication, physical therapy and she had one lumbar epidural injection with no relief. She currently complains of pain in the neck and back. The pain radiates into both arms and both legs, more on the left with numbness and tingling in the legs. On physical exam there was tenderness lumbosacral area midline, supine straight leg raise positive bilaterally, numbness in the lateral and posterior left thigh and calf. Medications are Norco, Xanax, and Zofran. She had a urine toxicology screen on 4/22/15 showing positive results for opiates and marijuana only. She has used analgesic narcotic medication for an extended period of time and still is highly symptomatic (per 4/22/15). Diagnoses include 2-3 millimeter broad-based central disc bulge L5-S1 without canal or foraminal stenosis; facet joint hypertrophy L3-4, L4-5 and L5-S1; lumbar disc displacement; lumbosacral neuritis; neck sprain; brachial neuritis. Treatments to date include activity restriction; medication; physical therapy; lumbar epidural steroid injection. Diagnostics include MRI of the lumbar spine (12/5/14) showing mild degenerative disk and facet joint disease, central disc bulge; x-ray of the lumbar spine (4/22/15) normal. On 4/29/15, Utilization Review evaluated a request for Xanax 0.5 mg # 90. Per the 3/4/15 note the injured worker reported constant and overwhelming pain, anxiety, panic attacks, depression, insomnia, breathing pain, loss of concentration, loss of appetite.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 124.

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

**Decision rationale:** Xanax is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. The appropriate treatment of anxiety is anti-depressants and other techniques to manage anxiety and depression. The number of tablets is not appropriate for intermittent use only during panic attacks but chronic persistent use. Xanax is not medically necessary.