

<b>Case Number:</b>	CM15-0162900		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 2, 2004. In a Utilization Review report dated July 21, 2015, the claims administrator partially approved a request for Xanax, apparently for weaning or tapering purposes. The claims administrator referenced a July 6, 2015 RFA form and an associated progress note of June 30, 2015 in its determination. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant reported ongoing complaints of headaches, depression, anxiety, and panic attacks. The applicant was asked to pursue repeat Botox injections. The applicant was asked to continue current medications, which reportedly included Wellbutrin, Topamax, Lexapro, and Desyrel. There was no seeming mention of Xanax on this date. On June 30, 2015, the applicant was described as ongoing complaints of neck pain status post earlier failed cervical spine surgery. The applicant was using Oxycodone for pain relief, it was reported. The applicant has also undergone shoulder surgery; it was stated and had received multiple Botox injections for headaches. Repeat Botox injections were sought. There was no mention of Xanax being employed in the body of the report; however, the Xanax was endorsed via an attached RFA form dated July 6, 2015, at which point the attending provider suggested that the applicant was using Xanax at a rate of three times daily, reportedly for anxiolytic effect.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the 90-tablet supply of Xanax at issue represented chronic, long-term, and/or thrice daily usage, the attending provider acknowledged on his July 6, 2015 RFA form. Such issue, however, was incompatible with short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.