

<b>Case Number:</b>	CM15-0173027		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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 shoulder pain reportedly associated with an industrial injury of December 16, 2009. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for Xanax. The claims administrator referenced an August 12, 2015 RFA form and an associated August 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported ongoing complaints of shoulder pain, 8-10/10. The applicant had received psychotherapy and psychotropic medications through other providers, it was reported. The applicant was using Xanax for sedative effect, it was stated in one section of the note. The applicant had developed derivative complaints of depression and anxiety, it was reported. The applicant was using Xanax on a nightly basis as of this point, it was acknowledged. On August 4, 2015, Xanax was renewed. The attending provider contended that the applicant was using Xanax on a daily to twice-daily basis for anxiolytic effect. It was stated that the applicant was having issues with anxiety for which the applicant was using Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Mental Illness and Health Chapter.

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

**Decision rationale:** No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, all evidence on file pointed to the applicant is using Xanax for chronic, long-term, and/or daily to twice daily use purposes, for anxiolytic and/or sedative effect. The applicant had seemingly been using Xanax for a minimum of several months prior to the August 4, 2015 office visit at issue. The applicant was described as using Xanax daily as of May 12, 2015. Continued usage of the same, thus, was at odds with the 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.