

<b>Case Number:</b>	CM15-0175008		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Illinois

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 injured worker is a 57 year old male-female, who sustained an industrial-work injury on 4-22-11. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar myofascial pain and lumbar disc disease. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of low back pain rated 10 out of 10 without medications and 7 out of 10 with medications. Symptoms become aggravated by movement and relieved by meds. Per the primary physician's progress report (PR-2) on 7-31-15, exam notes spinal restrictions, moderate muscle spasms in the lumbar area, pelvis, hip, thigh, buttock regions. Current plan of care includes medication. The Request for Authorization requested service to include Xanax 1 mg Qty 60. The Utilization Review on 8-24-15 modified the request for Xanax 1 mg Qty 42, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The injured worker sustained a work related injury on 4-22-11. The medical records provided indicate the diagnosis of lumbar myofascial pain and lumbar disc disease. Treatment to date has included medication. The medical records provided for review do not indicate a medical necessity for Xanax 1 mg Qty 60. Alprazolam (Xanax) is a benzodiazepine. The MTUS does not recommend the use of the benzodiazepines for more than 4 weeks due to the lack of efficacy and dependence.