

<b>Case Number:</b>	CM15-0065591		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/29/2005
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: 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 58-year-old female, who sustained an industrial injury on May 29, 2005. She has reported back pain and knee pain. Diagnoses have included lumbar spine radiculopathy, lower back pain, multilevel lumbar facet arthropathy, bilateral knee derangement, depression, and anxiety. Treatment to date has included medications, chiropractic treatment, knee surgery, imaging studies, and diagnostic testing. A progress note dated February 20, 2015 indicates a chief complaint of depression, anxiety, and pain. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section, Weaning of Medications section Page(s): 24.

**Decision rationale:** The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. Medical necessity for Alprazolam (Xanax) 0.5 mg #300 has not been established within the recommendations of the MTUS Guidelines. There are precautions with sudden discontinuation of Alprazolam due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Alprazolam 0.5 mg #300 is determined to not be medically necessary.