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| <b>Case Number:</b>   | CM15-0079844 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 10/27/2008 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 04/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Family Practice

### 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 39 year old male, who sustained an industrial injury on 10/27/2008. He has reported hypertension and coronary artery disease. The diagnoses have included hypertension; acute non-ST-segment elevation myocardial infarction, status post coronary stenting; depression; and chronic anxiety. Treatment to date has included medications, diagnostics, cognitive behavior therapy, surgical intervention, and home exercise program. Medications have included Xanax and Intermezzo. A progress note from the treating physician, dated 04/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of occasional nightmares; sleep is poor; and energy and concentration are good. Objective findings included fairly stable right now; and doing well regarding his depression. The treatment plan has included the request for Xanax 0.5mg #65.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #65:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, such as Xanax, as a treatment modality. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the records indicate that the use of Xanax is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, long-term use is not recommended. For this reason, Xanax is not considered as a medically necessary treatment.