

<b>Case Number:</b>	CM15-0096570		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old male, with a reported date of injury of 01/23/2009. The diagnoses include major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire, and insomnia. Treatments to date have included an MRI of the right knee on 10/12/2011 and psychological treatment. The progress report dated 12/19/2014 indicates that the injured worker reported persisting pain that affected his activities of daily living and sleep. He felt sad, tired, irritable, stressed, and discouraged about his symptoms and situations. The injured worker had bouts of anxiety where he experienced numbness and tingling sensations, heart palpitations, and shakiness throughout his body. He worried about the future and reported shortness of breath. It was noted that the injured worker reported headaches, especially when stressed, trouble concentrating, focusing, and remembering things. The objective findings include walking with a cane, sad and anxious mood, poor concentration, bodily tension, and preoccupation with his current symptoms and levels of pain. It was noted that the injured worker was in need of continued treatment for his symptoms of depression and anxiety. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Xanax 5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax Tab 5mg 1 Bid; #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,68,78.

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

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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. 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." Within the documentation available for review, the patient has anxiety and depression related to his chronic injury. However, there is no documentation identifying any objective functional improvement as a result of the use of the medication. Furthermore, it is unclear if Xanax is being prescribed for a short period as recommended by guidelines. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.