

<b>Case Number:</b>	CM13-0031185		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59 year-old male who was injured in a motor vehicle accident on August 9, 2012. He declined medical attention at the time of the accident, but went to the Emergency Department later that same day because he was having pain in his neck and back. The patient continues to complain of neck pain, headaches, back pain, right upper extremity pain, and left lower extremity pain. Diagnoses include cervical spine/strain, thoracic spine strain/sprain, and lumbar spine/strain with degenerative disc disease. Requests for authorization for one month supply of Alprazolam 2 mg and one month supply of Trazodone were submitted in August 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month supply of Alprazolam 2mg between 8/29/2013 and 10/13/2013:** 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 Pain Interventions and Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines

**Decision rationale:** Alprazolam is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.

Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. This patient is being treated with an opioid, increasing the risk of adverse effects. Benzodiazepines are not indicated in this case.

**1 month supply of Trazodone 100mg between 8/29/2013 and 10/13/2013:** 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 Pain Interventions and Guidelines Page(s): 13-16.

**Decision rationale:** Trazodone is an antidepressant medication, sometimes used for the treatment of insomnia. Tricyclic antidepressants are recommended for treatment of neuropathic pain and have been found to be useful in low back pain. Systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. Tricyclic antidepressants are recommended for chronic pain over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Trazodone is not included in the classes of antidepressants used to treat chronic pain and cannot be recommended.