

Case Number:	CM13-0038889		
Date Assigned:	12/18/2013	Date of Injury:	09/28/2011
Decision Date:	10/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/01/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/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:

53 yr. old female claimant sustained a work injury on 4/4/13 involving the low back. She was diagnosed with L5-S1 disc herniation, knee chondromalacia, hypertension, anxiety and depression. She had undergone a right knee arthroscopy and an L5-S1 fusion. A progress note on 9/6/13 indicated the claimant had continued back pain. A psychotherapy evaluation a month prior had noted that there was persistent anxiety, sleep difficulties, depression and suicidal ideation. The claimant was to receive psychotherapy and remain on psychotropic medication . The treating physician maintained her on oral analgesics and Alprazolam 1mg ER for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM ER 1MG, #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia

Decision rationale: According to the MTUS guidelines, benzodiazepines such as Alprazolam 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. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the etiology of sleep likely stems from depression. The injured worker was getting treatment for depression. The use of Alprazolam is not intended beyond a week for insomnia. As such, the request is not medically necessary.