

Case Number:	CM14-0000103		
Date Assigned:	01/10/2014	Date of Injury:	01/14/1998
Decision Date:	04/22/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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 Occupational 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:

The patient is a 64 year old female who was injured on 01/14/1998 who sustained an industrial injury. The mechanism of injury is not found in the records. She is being treated for mental/mental, neck, low back, head and mental/physical (PTSD). Prior treatment history has included medications: Paxil 40 mg #30, propranolol 20 mg #60, Trazadone 50 mg #60, alprazolam XR 0.5 mg #30, alprezolam 0.5 mg #30. PR-2 dated 01/15/2013 documented the patient with complaints of anxiety, lowered motivation and energy, sleep disturbance with nightmares, hypervigilance, exaggerated startle response, headaches, OCD symptoms, diminished concentration and recall and social withdrawal. Objective findings on exam included that the patient's psychiatric condition gradually improved this month. Despite some improvement, she continues to experience sleep disturbance with nightmares, emotional lability, reduced self-confidence, and vulnerability to stress. Every other week individual psychotherapy and every other month medication management must continue for the next two months in order to further improve her functioning and prevent deterioration. PR-2 dated 12/15/2013 documented the patient with anxiety, lowered motivation and energy, sleep disturbance with nightmares, hypervigilance, exaggerated startle response, headaches, OCD symptoms, diminished concentration and recall, and social withdrawal. Objective findings reveal the patient's psychiatric condition did not improve significantly this month. She reported that the one year anniversary of her mom's death brought back feelings of loss and grief. She relied on her sisters and family for support during this time. She is having trouble concentrating at work and her mind seems "foggy" most days. She has planned on retiring at the end of December and is trying to keep going to work until then. Sleep disturbance with nightmares, emotional lability, reduced self-confidence and vulnerability to any conflict or stress remains. Every other week individual

psychotherapy and every other month medication management remain vital for the next 3 months in order to improve her functioning and prevent further deterioration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5 MG QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

Decision rationale: The patient is a 64 year old female who was injured on 01/14/1998 who sustained an industrial injury. The mechanism of injury is not found in the records. She is being treated for mental/mental, neck, low back, head and mental/physical (PTSD). Based upon age the prescription for a benzodiazepine is not recommended by CA MTUS/ODG. Continued use increases drug dependency and may be the etiology of her complaints of mind being foggy. The short acting benzodiazepine is capable of sudden changes in mental alertness and is not recommended for PTSD due to possible dependency. Given the above the request is not medically necessary.

ALPRAZOLMA XR 0.5MG QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

Decision rationale: The patient is a 64 year old female who was injured on 01/14/1998 who sustained an industrial injury. The mechanism of injury is not found in the records. She is being treated for mental/mental, neck, low back, head and mental/physical (PTSD). Based upon age the prescription for a benzodiazepine is not recommended by CA MTUS/ODG. Continued use increases drug dependency and may be the etiology of her complaints of mind being foggy. The extended release may have an adverse effect on a 64 yr. old patient due changes in perception and reasoning. Given the above the request is not medically necessary.