

Case Number:	CM14-0107416		
Date Assigned:	08/01/2014	Date of Injury:	09/14/2008
Decision Date:	09/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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:

This 43-year old welder reported low back pain radiating to his left leg after lifting a heavy pipe on 9/14/08. Current diagnoses include lumbosacral strain, degenerative disc disease, left lower extremity complex regional pain syndrome, depression and anxiety. Despite a previous history of alcohol and methamphetamine abuse, he has received large quantities of narcotic medications such as Fentanyl and Dilaudid, as well as several courses of benzodiazepines including Alprazolam (Xanax). Testing included 2 MRIs, a triple-phase bone scan and Electrodiagnostic testing, none of which revealed a definitive cause for his pain. Treatment has been extensive, and has included multiple psychiatric medications, physical therapy, at least one epidural steroid injection, 3 lumbar sympathetic blocks, implantation of a spinal cord stimulator (8/4/11), multiple hyperbaric oxygen treatments, about 2 weeks of a functional restoration program (deemed completely ineffective in the notes), and four or more courses of inpatient detoxification for opioid addiction. The records are somewhat incomplete, but indicate that he received a long course of Ativan during 2012, prescriptions for Alprazolam in 2011, 2012 and 2013 for sleep and a prescription for Xanax 2 mg quantity 30 with 4 refills for anxiety on 2/21/14. There are some concerning notes in the record in regards to possible drug abuse or diversion, including one dated 1/31/13 which states that the patient's mother will no longer be allowed to dispense his medications and that weekly renewal will be instituted until trust is reestablished. A drug screen performed 7/26/13 was negative for Dilaudid, which was being prescribed to him at the time. On 6/13/14 Xanax 2 mg quantity 30 with 2 refills was prescribed, and was modified in UR on 6/30/14 to Xanax 2 mg quantity 30 with no refills. IMR was requested for this decision. This patient has been totally disabled since at least 2010. The record indicates that he uses a cane or walker to ambulate, but otherwise does not describe his functional level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental Illness and Stress, Atypical antipsychotics, and the Physicians Desk Reference (PDR), 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, BENZODIAZEPINES Page(s): 60 and 24.

Decision rationale: According to the MTUS guidelines, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Benzodiazepines, of which Alprazolam (Xanax) is one are not recommended for long-term use for multiple reasons. Their long-term efficacy is unproven, and there is a risk of dependence. Tolerance to hypnotic effects occurs rapidly, and tolerance to anxiolytic effects occurs within months. Long-term use may actually increase anxiety. In this case, Alprazolam has been prescribed multiple times, apparently always in conjunction with other medications. There has been no assessment of baseline function and no functional goals have been set. This patient has been on benzodiazepines for years, and they are likely to be contributing both to his substance abuse issues and his anxiety. This patient has had no functional improvement as a result of taking Alprazolam as he has remained totally disabled. Based on the lack of evidence that Alprazolam has not resulted in any functional improvement and the likelihood that it is actually causing harm, Alprazolam 2mg quantity 30 with 3 refills is not medically necessary and appropriate.