

Case Number:	CM14-0016075		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2005
Decision Date:	08/20/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 61-year-old female has a date of injury of June 2005. The exact issues are not indicated in the medical records; however, major depressive disorder is the diagnosis that shows up. It is noted also that she has anxiety and a sleep disorder. These records do not include a report by a Qualified Medical Examiner. She apparently has had a psychotherapist. There are no records from this specialty. The managing physician has stated that she would like to continue the medications that were prescribed by the psychotherapist. As of September 2013, her medications included Mirtazapine 15 mg at bedtime, Escitalopram 10 mg/day, Alprazolam 1mg 3x/day, Trazodone 100mg 3 at bedtime, Cymbalta 60mg 2/day. She additionally uses Orphenadrine (for spasms) Naproxen, Butrans 5mcg/hour & 75mcg/hour patches/week for pain. She has intolerance to Abilify. As of May 28, 2014 her medication profile was dramatically different. It included Trazodone, Alprazolam, Cymbalta-same dosages; Zolpidem 10mg at bedtime was added, Butrans had been decreased to 15mcg/hr. patch weekly. A drug screen obtained at that time was appropriate; however, a drug test obtained September 2013 did not show Butrans in her system and Codeine, Morphine, Restoril were positive. There is no discussion in the medical records explaining this. A follow-up drug test in November 2013 did not reflect any of these abnormalities and was appropriately positive for Butrans & Alprazolam. There is one document requesting an independent medical review because the psychotherapy visits two times a year had been denied. This form is not dated or explained. Reviewing the records does not provide an adequate understanding of why this patient requires Alprazolam 1 mg three times a day and whether she does continue under the care of a psychotherapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 1MG, DAYS SUPPLY OF 30, QUANTITY 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Antispasticity/Antispasmodic Drugs, Benzodiazepines Page(s): 24,66.

Decision rationale: The MTUS states there appears to be little benefit for the use of benzodiazepines (class of drugs, which includes Alprazolam). They 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 four weeks. Their range of action includes sedative/hypnotic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. (The complainant's records submitted for this review does not provide a rationalization for maintaining her on long term Alprazolam). Tolerance to hypnotics develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. This medication cannot suddenly be stopped. The original reviewer had provided for a modified, tapering quantity. To maintain the Alprazolam long term without adequate justification is not appropriate. The chronic usage of Alprazolam is thus not recommended and is deemed not medically necessary for this patient.