

Case Number:	CM14-0114837		
Date Assigned:	08/04/2014	Date of Injury:	09/17/2008
Decision Date:	11/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 New Jersey. 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 worker is a 52 year old male who was injured on 9/17/2008 related to being assaulted. He was diagnosed with chronic lumbar and cervical pain. Later, he was diagnosed with generalized anxiety disorder and experienced symptoms of post-traumatic stress disorder, according to the worker's physician. He was treated with psychotherapy by a psychiatrist for his anxiety disorder who prescribed alprazolam. He was also prescribed mirtazapine and Ambien, which were later discontinued. For his pain, he was prescribed Soma and had surgery on his lumbar and cervical spine (fusions). On 6/11/14, the worker was seen by his psychiatrist complaining of his chronic pain and reporting using alprazolam for this sleep. He did not exhibit any suicidal ideations and had a fair mood that day. Continued psychotherapy and alprazolam use (1 mg three times daily for 16 months) was recommended. The first reviewer suggested the worker wean off of alprazolam over 2-3 months instead.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg TID PRN #90 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of medications: benzodiazepines Page(s): 24, 124.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. The MTUS also states that weaning benzodiazepines may be necessary if the patient has been taking them for longer than 2 weeks. The MTUS recommends reducing the dose by 1/8 to 1/10 of the daily dose every 1-2 weeks, but should be individualized. Tapering may take as long as one year in some individuals. High-dose abusers or those with polydrug abuse may need in-patient detoxification. In the case of this worker, the alprazolam had been used chronically for much longer than generally recommended. Benzodiazepines are not first line therapy for generalized anxiety disorder, antidepressants are, however. There is no evidence found in the documents provided that the worker had tried a first line therapy medication for his anxiety. The request is not medically necessary and appropriate.