

Case Number:	CM14-0121346		
Date Assigned:	08/06/2014	Date of Injury:	09/04/1991
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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 Child & Adolescent Psychiatry 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 injured worker is a 64 year old female who was injured at work on September 4, 1991. The injured worker reported job stress due to the demands made on her by a new boss, causing her some distress. She reported sleep difficulty, and panic attack symptoms including shortness of breath. The injured worker was diagnosed with Anxiety, and prescribed Xanax and counseling; and was later diagnosed with Morton's neuroma, needing a scooter to ambulate at times. She was prescribed Restoril for insomnia. The injured workers mood became more depressed, and she was diagnosed with Depressive Disorder. Nortriptyline was prescribed to treat pain and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain; - Procedure; Benzodizepines Page(s): 24.

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

Decision rationale: MTUS guidelines indicate that benzodiazepines are useful for short term treatment of anxiety, but should not be used long-term. This is because of the risk of developing tolerance, dependence, and adverse side effects. The injured worker is diagnosed with Depression and Anxiety. She has been taking Alprazolam since 1991, which is long-term. Alprazolam (Xanax) is a medication in the benzodiazepine class of medications. Therefore, it would not be appropriate to continue with this, but instead the injured worker should be slowly tapered off of the medication, and a substitute medication used (for example, in the serotonin reuptake inhibitor class or SSRI (selective serotonin reuptake inhibitor)). The request of Alprazolam 1 mg #120 with 1 refill is not medically necessary and appropriate.

Restoril 30mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain - Procedure; Benzodiazepines Page(s): 24.

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

Decision rationale: MTUS guidelines indicate that benzodiazepines are useful for short term treatment of anxiety, but should not be used long-term. This is because of the risk of developing tolerance, dependence, and adverse side effects. The injured worker is diagnosed with Depression and Anxiety. She has been taking Restoril over the long-term. Temazepam (Restoril) is a medication in the benzodiazepine class of medications. Therefore, it would not be appropriate to continue with this, but instead the injured worker should be slowly tapered off of the medication, and a substitute medication used, one which is not a benzodiazepine. Therefore, the request of Restoril 30mg #30 with 1 refill is not medically necessary and appropriate.