

<b>Case Number:</b>	CM14-0132494		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 is a 54-year-old male patient who sustained an industrial injury on 04/05/2010. Mechanism of injury was not provided. Diagnoses include injury to finger, status post amputation fingers, carpal tunnel syndrome, and depression reaction. Previous treatment has included amputation just distal to the MP joint of the left thumb, physical and occupational therapy, home exercise program, TENS unit, psychotherapy, and medications. A request for alprazolam tablets 1 mg ER #30 was modified at utilization review on 08/14/14 to certify alprazolam 1 mg ER #27 for progressive wean. The reviewing physician noted that most guidelines limit use of benzodiazepines to 4 weeks and are not recommended for long-term use. This medication is not recommended for treatment of insomnia on a chronic basis. Most recent progress note included is dated 08/27/14 and indicates the patient presented with a pain level of 3/10 with complaints of upper extremity pain and left thumb pain status post amputation. The patient takes gabapentin 300 mg 1 tablet 3 times daily with reduced pain of over 50% and improves the patient's quality of life. Patient does not use a prosthesis regularly due to irritation. Topical cream is helpful for managing neuropathic pain. It was reported the patient's stomach is better with omeprazole 20 mg. The patient is following up with psych monthly and takes alprazolam ER 2 mg and citalopram 20 mg for depression. Patient denies any new symptoms or changes since last visit. Objective findings demonstrated decreased left upper extremity range of motion and irritation at the left first digit site continues. There was decreased sensation with a history of hot spot at the amputation area. Patient was prescribed Mentherm ointment, omeprazole, and TENS patches and the plan was to continue with psych once per month with current medications of alprazolam ER and citalopram, as well as continue use of a home exercise program and TENS unit. It was also noted the patient has diabetes mellitus type 2 and is on glipizide. This is well controlled with medications. Most recent psychiatric note dated 08/22/14 noted normal general appearance,

muscle strength and tone, gait and station, speech, thought process, associations, thought content, insight, judgment, orientation, memory, attention span, language, and fund of knowledge. The patient was diagnosed with chronic pain disorder, major depression disorder, and sleep disorder. Plan was to continue psychopharmacological management and modified cognitive behavioral therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Alprazolam Tab 1mg ER Days supply: 30 Qty:27:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain Chronic

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

**Decision rationale:** The California MTUS Treatment Guidelines regarding use of benzodiazepines indicates that benzodiazepines 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 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, these are being prescribed on a long-term basis, which is not supported by evidence-based guideline criteria. There is no description of anxiety, and it appears this medication is being prescribed for sleep disturbance. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). As the patient has been prescribed benzodiazepines on a long-term basis which is not supported by guidelines, and there is no indication of significant benefit as a result of use of this medication, medical necessity of alprazolam tablet 1 mg ER day supply: 30 quantity: 27 is not established and the request is non-certified.