

<b>Case Number:</b>	CM14-0152825		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 is a 43 years old male injured worker who sustained an injury on 6/22/2007. He sustained the injury due to cumulative trauma. He had history of low back injury due to lifting in 2000. He also involved in motor vehicle accident in the past. The diagnoses include depressive disorder, not otherwise specified with psychological factors affecting medical condition. Per the agreed medical evaluation note dated 8/26/14, assessment remains unchanged from previous evaluations. Per the records dated 6/26/14, he had changes in appetite, sleep disturbance, decreased energy, agitation, excessive worry, restlessness, tension, panic attacks, chest pain, palpitations, and fear of being monitored. He had improvements in concentration, thinking, interest in activities and feeling of isolation, angry, and hopeless. The physical examination revealed depressed facial expressions, visible anxiety. The medications list includes Percocet, Oxycontin, Tramadol, Seroquel, Lexapro, Xanax and Lidocaine patches. He has had lumbar and cervical MRI for this injury. He had lumbar epidural steroid injections and cervical facet injection in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Alprazolam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Trial of other measures for treatment of insomnia was not specified in the records provided. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The medical necessity of Alprazolam 0.5mg #120 is not fully established for this injured worker. The request for Alprazolam 0.5mg #120 is not medically necessary.