

Case Number:	CM14-0154697		
Date Assigned:	09/24/2014	Date of Injury:	04/19/2004
Decision Date:	10/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder (MDD), low back pain, and shoulder pain reportedly associated with an industrial injury of April 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; psychotropic medications; and opioid therapy. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for alprazolam. The applicant appealed, in a letter dated September 2, 2014. The applicant expressed concern about developing seizures where she had to abruptly discontinue alprazolam. The applicant stated that she believed that she was using alprazolam in what she believed to be a reasonable manner for her various issues including migraine headaches, anxiety, symptoms of panic, and symptoms of worry. The applicant stated that she felt that the claims administrator and Utilization Reviewer were not treating her appropriately. It was suggested (but not clearly stated) that the applicant was using alprazolam on a thrice-daily basis. In a progress note dated August 22, 2014, the applicant presented with ongoing complaints of low back pain, headaches, and muscle spasms. The applicant was residing out of state and had difficulty finding a physician in Louisiana who would take on her California-adjudicated Workers' Compensation claim. The applicant's medication list reportedly included Effexor. The attending provider suggested that the applicant continue unspecified medications but did not state what those medications were. In an earlier note dated May 30, 2014, the attending provider apparently refilled Norco. Once again, the applicant's medication list was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Alprazolam (Xanax) 1 mg #30 d/s 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Alprazolam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears, based on the submitted documentation, that the applicant is using Alprazolam at a rate of thrice daily, for issues associated with depression and anxiety. This is not an ACOEM-endorsed role for Alprazolam. It is further noted that the attending provider's progress notes failed to make any mention of how often or how frequently the applicant was using Alprazolam. No applicant-specific information was incorporated into the Independent Medical Review packet which would offset the unfavorable ACOEM position on long-term usage of anxiolytics such as alprazolam. Therefore, the request is not medically necessary.