

Case Number:	CM14-0155099		
Date Assigned:	09/25/2014	Date of Injury:	07/18/2013
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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:

This is a 49-year-old male with a date of injury of 7/18/13. The mechanism of injury occurred to the right shoulder due to repetitive climbing at work. The patient reported having depression and anxiety. On 2/26/14 he was noted to be on Xanax 0.25mg at bedtime as needed. On 6/5/14 he was noted to be on alprazolam (Xanax). On 9/3/14 he complained of constant right shoulder pain that was worse with activity. The pain radiated to the right side of the neck with stiffness and occasional numbness/tingling in the right middle and ring fingers. On exam there was tenderness of the right head of the biceps tendon. There was restricted range of motion. The diagnostic impression is right shoulder SLAP tear, tendinitis, and myofascial pain. Treatment to date: MRI, cortisone injection, physical therapy, medication management. A UR decision dated 9/10/14 denied the request for Alprazolam (Xanax) 0.25mg #60. The Xanax was denied because benzodiazepines such as Xanax are generally not recommended for long-term use because of their unproven long-term efficacy and their risk for dependence. Most guidelines limit their use to four weeks. Tolerance to their anxiolytic effects has been noted to occur within months and long-term use may actually increase anxiety. It was unclear how long the patient had been on alprazolam. Also, the clinical benefit he specifically derived from previous intake of Xanax had not been elaborated. Benzodiazepines should not be stopped abruptly following prolonged use and appropriate weaning is warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Alprazolam 0.25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Chapter: Pain

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, guidelines do not support the long-term use if benzodiazepines such as Xanax due to the risk of dependency and abuse. The patient has been on Xanax since at least 2/26/14 per the records submitted. 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. Therefore, the request for 60 tablets of Alprazolam 0.25mg was not medically necessary.