

Case Number:	CM14-0165909		
Date Assigned:	10/13/2014	Date of Injury:	01/04/2008
Decision Date:	11/28/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/08/2014

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 Montana. 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 sustained an injury on 1/7/08 when she fell down several stairs at work. The injury resulted in pain in the neck, head, low back and legs. She also has seen mental health professionals for depression and anxiety that has been related to the occupational injury. Her diagnoses related to this injury include postconcussive syndrome, lumbar strain, lumbar radiculopathy, depressive disorder, and psychological factors affecting medical condition. The primary treating physician has requested Xanax 0.5 mg 1 tablet 3 times a day #90 with 2 refills, temazepam 15 mg 1-2 by mouth at bedtime #60 with 2 refills, and risperdol 0.5 mg 1 at bedtime #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg 1 tab TID #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Xanax is a benzodiazepine medication. Its range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice and very few conditions. The MTUS notes that benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for treatment of spasm. The ODG guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. 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). 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 (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. Benzodiazepines are Not Recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case the prescription for Xanax is for a period of one month with 2 refills. This exceeds both the recommendations of the MTUS and the ODG guidelines which allow ongoing use beyond 1 month with documentation of efficacy. The request for Xanax 0.5 mg 1 tablet TID #90 with 2 refills is not medically necessary.

Tamazepam 15mg 1-2 tabs q HS #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Temazepam is a benzodiazepine medication. Its range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice and very few conditions. The MTUS notes that benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for treatment of spasm. The ODG guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. 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). 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 (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case the prescription for temazepam is for a period of one month with 2 refills. This exceeds both the recommendations of the MTUS and the ODG guidelines which allow ongoing use beyond 1 month with documentation of efficacy. The request for temazepam 15 mg 1-2 tablets at bedtime #60 with 2 refills is not medically necessary.

Risperadol 0.5mg 1 tab q HS #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug formulary, Risperdol

Decision rationale: The ODG guidelines state that Risperdal is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics, such as Risperdal, for conditions covered in ODG. Antipsychotics like Risperidone (Risperdol) may be beneficial as an adjunct treatment in PTSD. It is also indicated for schizophrenia and bipolar disorder. As such the medical records do not provide sufficient evidence to reverse the utilization review decision. The request for Risperdal 0.5 mg 1 tablet at bedtime #30 with 2 refills is not medically necessary.