

Case Number:	CM14-0026844		
Date Assigned:	06/13/2014	Date of Injury:	10/05/2001
Decision Date:	08/14/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 is a 55-year-old who reported an injury on October 5, 2001. The mechanism of injury was noted to be repetitive trauma. He is diagnosed with insomnia, depression, and anxiety. His previous treatments were noted to include bilateral carpal tunnel release surgery, medications, and bracing. A February 7, 2013 clinical note indicated that the injured worker has symptoms of depression and anxiety due to chronic pain. The treatment plan was noted to include Xanax 0.5 mg 3 times a day for anxiety due to pain. An addendum dated May 14, 2013 indicated that Xanax would be provided only to slowly wean the patient off over the next 6 months. A request was submitted for alprazolam 0.5 mg 3 tablets per day #90 for 3 months; however, a request for authorization form was not submitted and there was no clinical note or more recent documentation indicating the rationale for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg, ninety count: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long term use as long term efficacy is unproven and there is a significant risk of dependence. The guidelines also indicate that use would usually be limited to four weeks. The clinical information submitted for review indicated that the injured worker has been taking Xanax since at least February 7, 2013; however, documentation was not provided indicating benefit with use of this medication. In addition, the treatment plan as of May 14, 2013 was to wean and then discontinue use of Xanax. However, more recent documentation was not provided to indicate a change to this treatment plan with a specific rationale for the requested Xanax. Therefore, the request for Alprazolam 0.5mg, ninety count, is not medically necessary or appropriate.