

Case Number:	CM14-0051220		
Date Assigned:	09/10/2014	Date of Injury:	12/11/2001
Decision Date:	10/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Psychiatry 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 patient is a 45-year-old male who has submitted a claim for Major Depressive Disorder, Insomnia-Type Sleep Disorder due to pain, and Failed Back Syndrome associated with an industrial injury date of December 11, 2001. Medical records from 2008 through 2014 were reviewed, which showed chronic lumbar pain 9 to 10/10 and right knee pain 7 to 8/10. Medical records showed psychosocial and cognitive symptoms such as tension, anxiety, depression, fatigue, poor self-esteem, and sexual dysfunction. He likewise complains of broken sleep. Treatment to date has included posterior lumbar interbody fusion L4-L5 and L5-S1. Medications include Prozac 40mg once a day and Xanax 1mg three times a day since 2013. Other medications include Ambien 10mg 2 at bedtime, Levitra 20mg 1 daily as needed for erectile dysfunction, and Ativan 1mg two times a day for anxiety since at least February 2014. Utilization review from April 9, 2014 denied the request for Xanax 0.5mg #90 because evidence based guidelines do not recommend benzodiazepines for long term use as long term efficacy is unknown and there is risk of negative side effects. Likewise, request for Ativan 1mg #60 has been modified to 1 prescription of Ativan 1mg #47 for tapering purposes only. As stated above, benzodiazepines are not recommended for long term use. Additionally, patient has been prescribed two benzodiazepines simultaneously without clinical rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Xanax 0.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Benzodiazepines Page(s): 24.

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment 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 its use to 4 weeks. In this case, Xanax was being prescribed since 2013 which is clearly beyond the recommended duration of use for this medication. Furthermore, the patient continued to have complaints of anxiety and broken sleep despite the use of Xanax. Moreover, the records did not clearly reflect continued functional benefit with Xanax. Therefore, the request for Xanax 0.5mg #90 is not medically necessary.

1 Prescription of Ativan 1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Benzodiazepines Page(s): 24.

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment 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 its use to 4 weeks. In this case, Ativan was being prescribed for anxiety since February 2014 which is clearly beyond the recommended duration of use for this medication. Ativan has been prescribed together with another benzodiazepine, Xanax without any clear clinical indication, based from medical records provided. Furthermore, the patient continued to have complaints of anxiety and broken sleep despite the use of Ativan. Moreover, the records did not clearly reflect continued functional benefit with Ativan. Therefore, the request for Ativan 1mg #60 is not medically necessary.