

<b>Case Number:</b>	CM14-0082406		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 56-year-old male patient with on 11/4/2013 date of injury. The mechanism of injury was when the patient was riding in a bus at work and the vehicle stopped short. The patient was thrown forward face first to the floor injuring his chin, chest, both knees, and causing low back pain. On a progress report dated 4/9/14 the patient complains of pain in the neck, low back, and both knees. Objective findings are positive Kemp's SLR causing bilateral pain and McMurray's causing bilateral pain. The diagnostic impression is cervical sprain and strain, lumbar disc protrusion, lumbar sprain and strain, right knee internal derangement, and left knee internal derangement. The urine drug screen was consistent with the medications the patient is currently prescribed. The diagnostic impression is cervical strain/sprain, head contusion, lumbar sprain/strain, and contusions of both knees. This patient also suffers from PTSD, dizziness, headache, sleep disturbance, irritability, and depression. Treatment to date: Diagnostic studies, MRI, ice packs, home exercises, and medication management. A UR date of 5/2/14 denied the request for Alprazolam XR 1mg #30 allowing 1 prescription for weaning to discontinue, reducing by 10% per week over 1-2 months. The rationale for modification is that CA MTUS guidelines do not recommend benzodiazepines for long-term use because the efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. In this case the requesting physician does not provide a rationale or reason for use of benzodiazepines. It is unclear when this medication was first prescribed and for how long it has been used for the patient. Erring on the side of caution, one prescription for the purpose of weaning would be medically reasonable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam XR 1 MG # 30, allowing 1 prescription for weaning to discontinue reduction by 10 % per week over 1-2 months.:** Overturned

**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 rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines 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. 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. 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. CA MTUS guidelines do not recommend benzodiazepines for long-term use. Alprazolam XR 1mg is an extended release form of a benzodiazepine. The tolerance to the anxiolytic properties of alprazolam occurs within months, long-term use can increase anxiety, and tolerance develops quickly. However, there is no clear documentation in the reports of why or when the patient began using alprazolam. It is also unclear how the patient was taking the drug. A urine drug screen dated 3/14/14 showed no drugs detected, but another urine drug screen dated 4/9/14 showed the prescribed drugs detected on the test. The report on 4/9/14 showed the patient was on Alprazolam XR 1 mg #60 implying the patient was taking 2mg daily. Alprazolam is a drug that cannot be discontinued abruptly. It should be weaned slowly at a rate of 10% per week to avoid serious withdrawal symptoms. Even though the extent of this patients' use is uncertain, it is prudent to allow tapering. Therefore, the request for Alprazolam XR 1mg #30, allowing 1 prescription for weaning to discontinue reduction by 10% per week over 1-2 months is medically necessary.