

<b>Case Number:</b>	CM14-0085004		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Internal 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:

The injured worker is a 55 year old male injured on 02/23/10. The mechanism of injury is a fall in the truck cab sleeper device with a possible loss of consciousness attributed to possible inhalation of fumes. The injured worker complained of vertigo, loss of hearing, difficulty breathing, headache, neck pain, and paresthesias of the upper extremities following the initial injury. The qualified medical evaluation performed on 04/14/14 indicated the injured worker presented complaining of persistent neck pain, facial pain, headaches, and paresthesias of the hands with difficulty with upward reach. The injured worker reported ongoing treatment consisting of medication management and limited home exercise. Physical examination revealed tenderness diffusely about the posterior neck and upper shoulder girdle areas, decreased cervical range of motion, reflexes symmetric and intact bilaterally, sensation modestly diminished on the left side in the region of the median nerve distribution. The clinical note dated 05/14/14 indicated the injured worker presented complaining of increased anxiety. Objective findings included vigilant and anxious. Diagnoses included traumatic brain injury, spine pain, and headaches. Treatment plan included increase Xanax (Alprazolam) to 0.5 milligram quantity 120 one to two tablets by mouth every six hours as needed. The initial request for Alprazolam 0.5 milligram quantity 120 with four refills was initially noncertified on 05/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM 0.5MG #120 X 4 REFILLS:** Upheld

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

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

**Decision rationale:** As noted in the 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 use to four weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Alprazolam 0.5 milligram quantity 120 with four refills cannot be recommended as medically necessary at this time.