

Case Number:	CM14-0089484		
Date Assigned:	07/23/2014	Date of Injury:	11/18/2006
Decision Date:	11/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 claimant is a 53 years old female who sustained an industrial injury on 11/18/2006. The mechanism of injury was she injured her upper back while lifting a wheelchair bound patient into a car. Her diagnoses include neck pain, low back pain, and insomnia. She complains of neck pain with numbness in both upper extremities. On physical exam there is tenderness in the upper neck muscles. there were no neurologic abnormalities noted on exam. Treatment has included medical therapy with Norco, Cymbalta, Lyrica, Aprazolam, and Temazepam. The treating provider has requested Aprazolam 1 mg # 60, Aprazolam 0.5 mg # 60, and Temazepam 30mg # 30. The treating provider has requested Aprazolam 1 mg # 60, Aprazolam 0.5 mg # 60, and Temazepam 30mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates the claimant has continued symptoms of anxiety and sleep issues related to the work injuries. The claimant is not maintained on any anti-depressant medication. She would benefit from a mental health evaluation to determine the appropriate medical therapy for her depression, anxiety and sleep issues. Medical necessity for the requested medication, Xanax has not been established. The requested treatment is not medically necessary.

Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates the claimant has continued symptoms of anxiety and sleep issues related to the work injuries. The claimant is not maintained on any anti-depressant medication. She would benefit from a mental health evaluation to determine the appropriate medical therapy for her depression, anxiety and sleep issues. Medical necessity for the requested medication, Xanax has not been established. The requested treatment is not medically necessary.

Temazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Temazepam (brand name Restoril) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. Temazepam is approved for the short-term treatment of insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Temazepam may be habit forming. The documentation indicates the patient has used the medication long-term. She may require a formal evaluation by a sleep specialist for her insomnia. Medical necessity for

the requested treatment has not been established. The requested treatment is not medically necessary.