

Case Number:	CM14-0168679		
Date Assigned:	10/16/2014	Date of Injury:	09/10/2010
Decision Date:	01/02/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 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:

Injured worker (IW) sustained an industrial injury on 09/10/10. A 09/21/12 psychiatric QME stated that IW experienced continuous stress beginning in 2008. She also fractured her ankle while performing a restraint in 2007. She had been prescribed Xanax (alprazolam) in 2010 due to onset of panic attacks. Other treatment included individual psychotherapy (IPT), biofeedback, and other psychotropic medications. Previous medications for sleep had included Prosom (estazolam) and trazodone. She had been treated for chronic cervical, lumbar, and shoulder pain and had received epidural steroid injections (ESIs), acupuncture, and pool therapy with benefit. She had received medications for chronic migraine. She continued to report ongoing anxiety, depression, a sleep disturbance. A sleep study had revealed difficulty initiating sleep and maintenance insomnia due to pain along with periodic limb movements, and was negative for sleep apnea. IW reported she was only able to socialize with use of Xanax. She reported waking frequently at night. Axis I diagnoses were listed as depressive disorder NOS with anxiety, pain disorder with both psychological factors and a general medical condition, and insomnia related to depressive disorder and pain disorder. Recommendations included continuation of care by the treating physician who prescribes her psychotropic medications. 10/06/14 peer review decision denying medications referenced a 09/25/14 office note documented complaints of continued pain in the head, low back, and shoulder, as well as continued anxiety, irritability, insomnia, and difficulty concentrating, and cited MTUS Chronic Pain Medical Treatment Guidelines in its rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Benzodiazepine

Decision rationale: MTUS and ODG do not recommend long-term use of benzodiazepines, noting that long-term efficacy is unproven, there is risk for psychological and physical dependence or frank addiction, and that tolerance for hypnotic effects develops rapidly (in 3-14 days). While IW has confirmed history of sleep onset and maintenance insomnia, it does not appear that non-benzodiazepine medications for sleep have been exhausted. Therefore, medical necessity is not established for the request.

Alprazolam 0.5mg #60 with two (2) refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Antidepressants - SSRI's versus tricyclics (class); Cognitive therapy for depression; Benzodiazepine

Decision rationale: MTUS and ODG do not recommend long-term use of benzodiazepines, noting that long-term efficacy is unproven, there is risk for psychological and physical dependence or frank addiction, and that tolerance for anxiolytic effects develops rapidly. IW has been diagnosed with panic disorder as well as depressive disorder with anxiety. Because MTUS does not address primarily psychiatric diagnoses, ODG Mental Illness & Stress Chapter was also consulted. ODG states that cognitive behavioral therapy (CBT) is more effective than medication for treatment of panic disorder. For patients requiring pharmacotherapy, ODG states that tricyclic or SSRI antidepressants are preferred to benzodiazepines. Per the submitted documentation, claimant has exhausted usual treatments for panic disorder including psychotherapy and antidepressant medication, and reports that she only remains functional in social settings with use of alprazolam. Based upon the submitted clinical documentation and lack of other effective treatments in this case, the request is reasonable and medically necessary.