

Case Number:	CM14-0187591		
Date Assigned:	11/17/2014	Date of Injury:	04/01/2013
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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:

Pursuant to the clinical note dated October 6, 2014, the reports that treatment has decreased his depression and insomnia symptoms. However, he reported increased anxiety. There were no objective physical examination findings documented. His treatment plans includes continuing Mirtazapine, a trial of Escitalopram, and continue Alprazolam as needed for anxiety. Documentation in the medical record indicates that the IW was taking Alprazolam 1mg since at least August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines , Mental health Antidepressants for treatment of major depressive disorder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Alprazolam (Xanax) 0.5 mg #120 is not medically necessary.

Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of psychological and physical dependence frank addiction. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, and anticonvulsant and muscle relaxant. In this case, the injured worker was still taking next as of a progress note dated August 21, 2014. This indicates the worker was taking Xanax prior to that date. It is unclear from the documentation what the start date was for Xanax. Xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence. Consequently, absent compelling clinical facts to support the use of Alprazolam 0.5 mg #120 is not medically necessary.