

<b>Case Number:</b>	CM14-0190939		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Practice, 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:

According to the medical records the patient is a 62-year-old male who sustained an industrial injury on May 31, 2013. The patient was an employee of [REDACTED] who reported cumulative trauma to the back, and legs, psych, internal, insomnia, neurology and arms. QME evaluation dated September 10, 2014 diagnosed the patient with major depression, single episode psychological factors affecting medical condition. The QME noted stress intensified medical conditions. On mental evaluation, the patient did not manifest any major disorder of thought process or thought content. However, his mood and affect was somewhat sad and anxious. The medical records indicate that on October 14, 2014 request was made for reconsideration of alprazolam and Prosom as these medications have been prescribed by a psychiatrist. Psychological evaluation dated June 6, 2014 that constipation with major depression single episode and psychological factors affecting medical condition. Utilization review was performed on November 8, 2014 at which time recommendation was made to modify the request for alprazolam .5 mg #30 to allow #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5 mg, thirty count, provided on September 10, 2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** According to the CA MTUS 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 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. (Baillargeon, 2003) (Ashton, 2005)". While it is acknowledged that this medication was prescribed by a psychiatrist, the CA MTUS guidelines do not support long term use of benzodiazepines. The prior peer reviewer had modified the request to allow for weaning. As such, the request for Alprazolam 0.5 mg, thirty count, provided on September 10, 2013 is retrospectively not medically necessary.