

Case Number:	CM14-0206722		
Date Assigned:	12/18/2014	Date of Injury:	10/11/2002
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Psychiatrist (MD) 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 is a 51 year old female with date of injury 10/11/2002. Date of the UR decision was 12/3/2014. She encountered pain in her neck and upper extremities due to a work related fall. She has been diagnosed with cervicgia status post anterior cervical discectomy and fusion of C5-C6 with residual neck pain. Treatment so far has included physical therapy, acupuncture, TENS unit, medications and surgical treatment. Per report dated 11/20/2014, the injured worker presented with stable mood and anxiety and was continued on Bupropion 300 mg every day and Alprazolam 0.5 mg as needed for anxiety. She was diagnosed with Major Depressive Disorder per the record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Generalized Anxiety Disorder (GAD). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Alprazolam, Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been Alprazolam on an ongoing basis with no documented plan of taper. The ongoing use of Alprazolam is not clinically indicated as MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Alprazolam 5mg #60 is excessive and not medically necessary.