

Case Number:	CM14-0209634		
Date Assigned:	12/22/2014	Date of Injury:	01/04/2007
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 59 year old male with date of injury 1/4/2007. Date of the UR decision was 12/5/2014. He has been diagnosed with recurrent left inguinal hernia Per report dated 11/18/2014, the injured worker scored 14 on Beck Anxiety Inventory (BAI) indicating a mild level of anxiety and Beck Depression Inventory score of 33 indicating severe subjective levels of depression. The MMPI-2 (Minnesota Multiphasic Personality Inventory-a) revealed indications of overwhelmed emotional coping mechanisms and mental dysfunction. He was diagnosed with Major Depressive Disorder, Single Episode, Unspecified; Generalized Anxiety Disorder and Psychological Factors Affecting Medical Condition (stress intensified headache, neck/shoulder/back muscle tension/pain, shortness of breath, chest pain, peptic acid reaction, constipation and possible stress-aggravated asthma and high blood pressure). He is being prescribed Hydrocodone 10-325 mg, Gabapentin 300mg, Pantoprazole 20mg. Psychotropic medications being prescribed are Alprazolam 0.5 mg # 30, Ambien 10 mg # 30, BuSpar 10 mg, #60, Wellbutrin 100 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 Mg #30: Upheld

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

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. The request for Alprazolam 0.5 Mg #30 is excessive and not medically necessary as benzodiazepine use should be limited to 4 weeks per the guidelines.