

Case Number:	CM15-0100969		
Date Assigned:	06/03/2015	Date of Injury:	06/18/2001
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female who sustained an industrial injury on June 18, 2001. She has reported bilateral knee pain and has been diagnosed with lumbosacral disc degeneration, lumbosacral neuritis not otherwise specified, cervical radiculitis, disc degeneration not otherwise specified, pain in thoracic spine, right knee pain, Bakers cyst, degenerative joint disease left knee, and pain in the limb. Treatment has included surgery, medications, injection, physical therapy, massage therapy, ice, and heat. There was swelling in the right knee, total knee replacement in the right knee, post-surgical scar, meniscal repair in the left knee, swelling in the right lower leg, swelling in the right ankle, swelling in the right foot. Sensation was grossly intact to light touch. Dorsalis pedis pulse was absent at the right and absent at the left. The treatment request included fluoxetine and Xanax. The patient has had depressed affect, in tears, anxiety, depression and insomnia. The medication list includes Xanax, Percocet, Opana, Losartan, Fluoxetine/Prozac, Amlodipine, and Clonidine. The patient's surgical history include cervical fusion, lumbar fusion and left knee surgery Patient had had a history of psychiatric illness and she is taking psychiatric medication including antidepressant and Alprazolam since a long time. Patient has received an unspecified number of psychotherapy visits for this injury. Patient has received an unspecified number of PT visits for this injury. The patient had received ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg, #60: Overturned

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

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

Decision rationale: Xanax 2mg, #60 Alprazolam is a benzodiazepine, an anti-anxiety drug. According to 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 actions 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. Per the cited guidelines, Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). The patient has had depressed affect, in tears, anxiety, depression and insomnia. She has a history of cervical and lumbar fusion and chronic pain. The patient has significant anxiety at the present time. The request is for 60 tablets of Alprazolam without refills. Short term use of Alprazolam for 1 month is medically appropriate and necessary to manage the current / short term increase in anxiety however long term use is not indicated. The request for Xanax 2mg, #60 is medically necessary and appropriate for this patient at this time for short term use only.