

<b>Case Number:</b>	CM15-0140252		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 47 year old female who sustained an industrial injury on 8-12-11. She had complaints of left side facial, shoulder, back, left hip, left knee, left wrist and left elbow pain along with neck pain. Progress report dated 5-29-15 reports continued complaints of depression, insomnia and bad dreams. Diagnoses include: post traumatic stress disorder, depressive disorder and panic disorder with agoraphobia. Plan of care includes: prescriptions; Xanax 2 mg 1 three times per day as needed, #90, restoril 30 mg 2 at bedtime as needed, #60 and wellbutrin SR 200 mg 2 twice per day, #60. Follow up in 4 weeks. The patient sustained the injury due to MVA. The patient has had MRI of the left shoulder on 11/3/11 that revealed rotator cuff pathology. The medication list includes Xanax, Restoril, Buspar, Ativan and Wellbutrin. The patient had received an unspecified number of the PT visits and trigger point injections for this injury. The patient has had history of anxiety and depressive disorder. The patient's surgical history include left shoulder arthroscopy. Per the psychiatrist note dated 6/26/15 the patient had complaints of anxiety, tension, depression, crying episodes, insomnia, rare suicidal ideation. Physical examination revealed dysphoric mood.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2 mg, ninety count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24, Official Disability Guidelines, current online version, Pain (updated 07/15/15), Benzodiazepines.

**Decision rationale:** Request: Xanax 2 mg, ninety count. Xanax 2 mg, ninety count is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "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." She had complaints of left side facial, shoulder, back, left hip, left knee, left wrist and left elbow pain along with neck pain. Progress report dated 5-29-15 reports continued complaints of depression, insomnia and bad dreams. Diagnoses include: post-traumatic stress disorder, depressive disorder and panic disorder with agoraphobia. The patient has had MRI of the left shoulder on 11/3/11 that revealed rotator cuff pathology. The patient has had history of anxiety and depressive disorder. The patient's surgical history include left shoulder arthroscopy. Per the psychiatrist note dated 6/26/15 the patient had complaints of anxiety, tension, depression, crying episodes, insomnia, and rare suicidal ideation. Physical examination revealed dysphoric mood. In this patient with a history of traumatic stress disorder, depressive disorder and panic disorder with agoraphobia, suicidal ideation, left shoulder arthroscopy, on antidepressant, it is deemed that a small quantity of Alprazolam is medically appropriate and necessary for dealing with anxiety on a prn basis. The request for Xanax 2 mg, ninety count is medically necessary and appropriate for this patient at this time.

**Restoril 30 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24, Official Disability Guidelines, current online version, Pain (updated 07/15/15), Benzodiazepines.

**Decision rationale:** The Expert Reviewer's decision rationale: Restoril 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. (AGS, 2012) Use of Benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). The request for another Benzodiazepine (Alprazolam 2 mg) that has been simultaneously prescribed, is already being deemed medically appropriate and necessary. The detailed response of the Alprazolam was not specified in the records specified. Rationale for the use of another Benzodiazepine, simultaneously, was not specified in the records specified. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Restoril 30 mg, sixty count is not fully established in this patient given the records provided and the guidelines cited. Therefore, this request is not medically necessary.