

<b>Case Number:</b>	CM15-0141279		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	09/14/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old male, who sustained an industrial injury on September 14, 2008 while working as a welder. The injury occurred while the injured worker was pulling a hydraulic hose and experienced pops and pain in his lower back. The diagnoses have included Complex Regional Pain Syndrome of the left lower extremity, lumbosacral disc protrusion, left lumbar radiculopathy, recent flare-up of sciatica down the left lower extremity, chronic pain syndrome, chronic reactive clinical depression and chronic sleep disturbance secondary to pain. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, spinal cord stimulator implantation, psychiatric assessments, individual and group psychotherapy, epidural steroid injections, nerve blocks and physical therapy. The injured worker was not working and was declared permanent and stationary. Current documentation dated June 8, 2015 notes that the injured worker reported severe lumbar spine and left lower extremity pain. The injured workers average pain level was noted to be a 4-5 out of 10 on the visual analogue scale with medication. Examination of the lumbar spine revealed moderate tenderness to palpation and decreased weight-bearing on the left lower extremity. The injured worker ambulated with a severe antalgic gait. The injured worker used a cane for support. Left lower extremity muscle testing was decreased. Swelling was noted over the left foot and ankle. There was also a bluish discoloration with severe allodynia and hypersensitivity in the leg, ankle and foot. A progress note dated June 19, 2015 noted that the injured worker was depressed and anxious. Judgment and attention were intact. Mental status

was intact and his mood and paranoia were better. The treating physician's plan of care included a request for Alprazolam 2 mg # 30 with 2 refills for anxiety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Alprazolam 2 mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Effective July 18, 2009) Page(s): 24 of 127.

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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. 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.