

Case Number:	CM15-0148655		
Date Assigned:	08/11/2015	Date of Injury:	07/07/2005
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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: North Carolina
 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 53 year old male, who sustained an industrial injury on July 7, 2005. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included pulmonary stress test, sleep study, toxicology screen and home exercise program. Currently, the injured worker complains of neck pain rated at 8 on 10 without medication and 7 on 10 with medication, low back pain rated at 9 on 10 without medication and 8 on 10 with medication, right and left shoulder pain rated at 7 on 10 without medication and 7 on 10 with medication, right wrist pain rated at 7 on 10 without medication and 6 on 10 with medication, left knee pain 8 on 10 without medication and 7 on 10 with medication and right and left foot pain rated at 6 on 10 without medication and 5 on 10 with medication. He also reports sleep disturbance due to pain. The injured worker is currently diagnosed with chronic pain, headaches, depression and anxiety. His work status is permanently disabled. A note dated January 9, 2015, states the injured worker was experiencing better efficacy from his medication before a reduction. A progress note dated April 16, 2015, states the injured worker is engaging in a home exercise program, but is experiencing increased pain afterwards. The note also states the injured worker is experiencing an increase in depression and presents to the appointment with a depressed affect and is anxious. The medication, Alprazolam 0.5 mg #60 is requested to combat the injured worker's anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tab 0.5mg QTY: 60.00: 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 benzodiazepines Page(s): 24.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. 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. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason, the request is not medically necessary.