

Case Number:	CM15-0190337		
Date Assigned:	10/02/2015	Date of Injury:	07/17/2008
Decision Date:	11/18/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	09/28/2015

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, 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 7-17-2008. Medical records indicate the worker is undergoing treatment for major depression, low back pain, lumbar radicular pain and lumbar disc disorder. Recent progress reports dated 7-27-2015 and 7-28-2015, reported the injured worker complained of low back pain with 70% pain relief from current regimen. He remains anxious, depressed and irritable. Physical examination revealed lumbar paravertebral and paraspinal tenderness. Treatment to date has included multiple back surgeries, physical therapy, psychiatric care and Xanax for anxiety. The physician is requesting Alprazolam 1mg #90 with 1 refill. On 9-18-2015, the Utilization Review modified the request for Alprazolam 1mg #90 with 1 refill to #70 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain : Alprazolam (Xanax) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Alprazolam 1 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Alprazolam 1mg #90 with 1 refill is excessive and not medically necessary. It is to be noted that the UR physician modified the request to #70 with no refills.