

Case Number:	CM15-0192634		
Date Assigned:	10/06/2015	Date of Injury:	09/10/2010
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 9-10-2010. He reported multiple traumatic injuries from a motor vehicle accident. He further reported psychological symptoms including panic attacks and nightmares, difficulty sleeping, and depression as a result of the accident. Diagnoses include pain disorder associated with psychological factors, system-induced functional disability, failed medical treatment with persistent pain, and general medical condition (left clavicle fracture status post open reduction, spinal compression fractures, fractured teeth and dental procedure) with secondary sleep symptoms, sleep disorder due to pain disorder, insomnia type, and mood disorder with depressive features secondary to pain disorder and failed medical treatment. Treatments to date include Prazosin, Alprazolam, and psychotherapy. Currently, he complained of anxiety, depression, diminished energy, exaggerated startle response, impaired concentration, irritability, nightmares, sleep disturbance and social withdrawal. Current medications included Prozosin 1mg twice a day and Alprazolam 0.5mg as needed for anxiety. These two medications had been prescribed for at least six months; however, due to prior difficulty obtaining medications, the records were not clear on how often the Alprazolam was taken. On 6-8-15, the physical examination documented anxious, depressed, obvious physical discomfort, and ambulating with a cane. The Beck Depression Inventory score was 25, and the Beck Anxiety score was 19. The plan of care included continuation of previously prescribed medication "as antidepressants were not helpful." The appeal requested authorization for Alprazolam 1mg #30. The Utilization Review dated 9-10-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Benzodiazepines; Pain - Insomnia treatment.

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

Decision rationale: The requested Alprazolam 1 mg Qty 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has anxiety, depression, diminished energy, exaggerated startle response, impaired concentration, irritability, nightmares, sleep disturbance and social withdrawal. Current medications included Prozosin 1mg twice a day and Alprazolam 0.5mg as needed for anxiety. These two medications had been prescribed for at least six months; however, due to prior difficulty obtaining medications, the records were not clear on how often the Alprazolam was taken. On 6-8-15, the physical examination documented anxious, depressed, obvious physical discomfort, and ambulating with a cane. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Alprazolam 1 mg Qty 30 is not medically necessary.