

Case Number:	CM15-0196478		
Date Assigned:	10/12/2015	Date of Injury:	05/13/2013
Decision Date:	11/24/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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 30 year old male, who sustained an industrial injury on 5-13-2013. The injured worker was being treated for depression and post-traumatic stress disorder. Medical records (7-24-2015 to 9-25-2015) indicate the injured worker has not seen a psychologist in 2 months. The injured worker reported a fair stress level. The objective findings (7-24-2015 to 9-25-2015) include a well-groomed appearance, an improved affect and mood with decreased anxiety, and calm motor activity. There was normal speech, coherent thought processes, and intact judgment, attention, and mental status. Treatment has included psychotherapy, cognitive behavioral therapy, and medications including antidepressant, hypnotic, and anti-anxiety. Per the treating physician (9-25-2015 report), the employee has not returned to work. On 9-28-2015, the requested treatments included Clonazepam 1mg, #60 with 2 refills and Alprazolam 0.5mg, #60 with 2 refills. On 10-5-2015, the original utilization review modified a request for Clonazepam 1mg #20 (original request for #60 with 2 refills) and denied a request for Alprazolam 0.5mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 Clonazepam 1 mg twice 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. Thus the three month supply of Clonazepam 1mg, #60 with 2 refills is excessive and not medically necessary. It is to be noted that the UR physician authorized #26 for a safe taper.

Alprazolam 0.5mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, 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 0.5 mg twice 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. Thus the three month supply of Alprazolam 0.5mg, #60 with 2 refills is excessive and not medically necessary. It is to be noted that the UR physician authorized #26 for a safe taper.