

<b>Case Number:</b>	CM15-0196955		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California  
 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 36-year-old male, who sustained an industrial injury on 4-01-2013. The injured worker was diagnosed as having major depressive affective disorder, recurrent episode, unspecified. Treatment to date has included diagnostics, mental health sessions, and medications. Currently (9-14-2015), the injured worker reports "stable moods and insomnia". Medications included Escitalopram, Mirtazapine, and Alprazolam (since at least 10-2014). Objective findings included euthymic mood and affect appropriate to mood. Work status was not documented. Per the Request for Authorization dated 9-14-2015, the treatment plan included Alprazolam 0.5mg #60, non-certified by Utilization Review on 9-23-2015, noting certification for the requested Escitalopram and Mirtazapine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16 pain chapter and pg 64.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Alprazolam for several months. Long-term use is not indicated. Behavioral interventions, other insomnia medications and/or SSRIs may be used. The continued use of Alprazolam is not medically necessary.