MAXIMUS Federal Services

Case Number:	CM15-0203756		
Date Assigned:	10/20/2015	Date of Injury:	06/22/2007
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 44-year-old male, with a reported date of injury of 01-21-2003. The diagnoses include major depressive disorder single episode, generalized anxiety disorder, and psychological factors affecting medical condition. The narrative and progress report dated 09-02-2015 indicates that the injured worker presented for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints. The subjective complaints include depression, lack of motivation, difficulty thinking, weight gain, restlessness, panic attacks, tension, inability to relax, palpitations, suspicion, fear of being monitored, and increased pain. The objective findings include depressed fascial expressions, visible anxiety, and soft spoken. The injured worker's work status was not indicated. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Seroquel, Alprazolam (since at least 04-2015), and Lexapro. The request for authorization was dated 09-02-2015. The treating physician requested Alprazolam 0.5mg #180 with two refills. On 09-18-2015, Utilization Review (UR) non-certified the request for Alprazolam 0.5mg #180 with two refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #180 x 2 refills: 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) Pain, Benzodiazepines.

Decision rationale: Alprazolam is a benzodiazepine. MTUS states regarding 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. ODG states regarding benzodiazepines, The potential for adverse outcomes increases with concurrent prescribing of medications with sedative properties; thus, concomitant prescribing of opioids, tramadol, benzodiazepines, and other sedating medications (such as H1 blocker antihistamines) is not recommended. The available medical record notes concurrent use of seroquel, which is sedating. This request alone is in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should be on alprazolam for such an extended period. As such, the request for Alprazolam 0.5mg #180 x 2 refills is deemed not medically necessary.