

Case Number:	CM15-0205099		
Date Assigned:	10/22/2015	Date of Injury:	01/22/1996
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, 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 73 year old male, who sustained an industrial injury on 1-22-1996. The injured worker is undergoing treatment for adjustment disorder, anxiousness, depression and status post left shoulder surgery on 5/14/15. Medical records dated 7-9-2015 indicate the injured worker complains of left post operative shoulder pain. The treating physician indicates her old pain is completely gone after surgery, her function has improved substantially and her symptoms have improved. She has pain with overhead activities. Physical exam dated 7-9-2015 notes the injured worker denies depression and anxiety. There is decreased left shoulder range of motion (ROM) with decreased strength. Treatment to date has included left shoulder rotator cuff repair with decompression and acromioclavicular (AC) joint resection and medication. The patient's surgical history include right CTR; gastric bypass surgery, foot surgery and thyroidectomy. As per the records provided psychiatric note dated 7/23/15 the patient had complaints of anxiety, depression, insomnia and irritability. The patient had depressed affect and mood. The medication list include Temazepam, Alprazolam, Lexapro and Venlafaxine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg Qty 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) Chapter: Mental Illness & Stress (updated 11/12/15), Benzodiazepine.

Decision rationale: Alprazolam 0.5 mg Qty 60: This medication is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition per the cited guidelines recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. A prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed response to other measures for insomnia/anxiety is not specified in the records provided. The medication list includes Temazepam. The detailed response of the Temazepam was not specified in the records specified. The rationale for the use of another benzodiazepine, was not specified in the records specified. The medical necessity of Alprazolam 0.5 mg Qty 60 is not medically necessary for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.