

Case Number:	CM15-0207862		
Date Assigned:	10/26/2015	Date of Injury:	08/17/2012
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old male injured worker suffered an industrial injury on 8-17-2012. The diagnoses included symptoms of anxiety and depression. On 6-3-2015 the AME reported a psychiatric exam on 9-26-2013 that diagnosed the injured worker with post-traumatic stress disorder where he recommended Xanax, Klonopin and Sertraline along with psychotherapy. Prior treatments included Norco. Diagnostics included urine drug screens 3-20-2015 and 5-1-2015. The medical record did not include objective evidence of benefit of the requested treatment. Request for Authorization date was 8-7-2015. Utilization Review on 9-30-2015 determined modification for Xanax 0.5 mg #60 to 1 month and non-certification for Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #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) Pain (Chronic), Benzodiazepines.

Decision rationale: The claimant sustained a work injury in August 2012 when he fell more than 40 feet while working on a roof. He sustained multiple fractures and a traumatic brain injury and was hospitalized for approximately 1 months. He has posttraumatic seizures. In January 2015 he was seen in an Emergency Room after having a seizure. He had run out of Dilantin a few days before. Urine drug screening was performed in January 2015 and was positive for lorazepam. In February 2015 urine drug screening was negative. Medications being prescribed include Norco and extended release Xanax. In April 2015 urine drug screening was negative. In May 2015 urine drug screening was positive for lorazepam. When seen, there had been multiple seizures over the past few weeks and he had been hospitalized. Physical examination findings included left arm and right torso bruising. Norco and extended release Xanax were prescribed. He was receiving Dilantin from his neurologist. Xanax (alprazolam) is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids and mixed overdoses are often a cause of fatalities. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users and careful weaning would be needed in this case due to the claimant's seizure disorder. Continued prescribing without weaning is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in August 2012 when he fell more than 40 feet while working on a roof. He sustained multiple fractures and a traumatic brain injury and was hospitalized for approximately 1 months. He has posttraumatic seizures. In January 2015 he was seen in an Emergency Room after having a seizure. He had run out of Dilantin a few days before. Urine drug screening was performed in January 2015 and was positive for lorazepam. In February 2015 urine drug screening was negative. Medications being prescribed include Norco and extended release Xanax. In April 2015 urine drug screening was negative. In May 2015 urine drug screening was positive for lorazepam. When seen, there had been multiple seizures over the past few weeks and he had been hospitalized. Physical examination findings

included left arm and right torso bruising. Norco and extended release Xanax were prescribed. He was receiving Dilantin from his neurologist. Criteria for the frequency of urine drug screening includes an assessment of risk. In this case, the claimant has had at least four urine drug screenings in the past year. Aberrant results are being reported. Continued urine drug screening when the results are not being addressed is not medically necessary.