MAXIMUS Federal Services

Case Number:	CM15-0026745		
Date Assigned:	02/19/2015	Date of Injury:	03/12/1993
Decision Date:	03/27/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina
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 61 year old female who sustained an industrial injury on 03/12/1993. Diagnoses include major depressive disorder, and pain disorder, lumbosacral spondylosis without myelopathy, brachial plexus lesions; kyphosis acquired postural, lateral epicondylitis of the elbow, migraines with aura, sympathetic dystrophy of the lower limb, peripheral neuropathy, and unspecified enthesopathy of the ankle and tarsus. Treatment to date has included medications, psychotherapy, intrathecal pump, and physical therapy. A physician progress note dated 01/23/2015 documents the injured worker complains of depression and chronic pain. She complains of pain in her back that radiates to the bilateral lower extremities and right shoulder and neck pain. She also has numbness and tingling. Her pain is 6 out of 10. Cervical range of motion is limited, and there are spasms to the cervical paraspinal muscles and upper/mid traipses. She has pain to the low back with flexion. There is right thoracic prominence of scoliosis. She has pain with palpation to the 3rd left metatarsal head. Intrathecal pump was refilled, using ultrasound. Treatment requested is for Alprazolam 0.5mg TID, NTE 4/24 hours #120, and Alprazolam 0.5mg TID #90.On 02/04/2015 Utilization Review non-certified the request for Alprazolam 0.5mg TID, NTE 4/24 hour's #120, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. The request for Alprazolam 0.5mg TID #90, was non-certified, however a one month supply is approved for weaning purposes, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg TID NTE 4/24 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 23.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. (Baillargeon, 2003) (Ashton, 2005).The chronic long-term us of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not certified.

Alprazolan 0.5mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 23.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. (Baillargeon, 2003) (Ashton, 2005).The chronic long-term us of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not certified.