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| Case Number: | CM15-0216917 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 05/12/2011 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 5-12-11. The documentation on 10-2-15 noted that the injured worker has complaints of lower back pain, right knee pain and right ankle pain. The injured worker rates the pain as 7 out of 10 with zero being no pain and 10 having the worst pain possible. The pain is associated with back pain, difficulty in ambulation, joint pain, muscle spasms and weakness right leg. The documentation noted the injured workers pain before a percocet is a 9 out of 10 and with percocet it drops to a 4 out of 10. The documentation noted that the injured worker appears too anxious and depressed. The diagnoses have included arthropathy not otherwise specified of lower leg. The documentation noted the current medications were listed as naproxen; valium; buspirone; percocet and tramadol. The documentation noted that the injured worker found a lack of relief with buspirone and would prefer to go back to alprazolam. The original utilization review (10-8-15) modified the request for alprazolam 1mg quantity 60 to alprazolam 1mg quantity 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg qty 60.00: 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) Chapter under Xanax.

Decision rationale: The 63 year old patient complains of low back pain, right knee pain, and right ankle pain, rated at 7/10, as per progress report dated 10/02/15. The request is for ALPRAZOLAM 1mg QTY 60.00. The RFA for this case is dated 10/02/15, and the patient's date of injury is 05/12/11. Diagnoses, as per progress report dated 10/02/15, included arthropathy, pain in right knee, and unspecified disturbances of skin sensation. Current medications include Naproxen, Valium, Buspirone, Percocet and Tramadol. The patient is working full time, as per the same report. The MTUS Guidelines page 24, Benzodiazepine section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. In this case, the patient presents with anxiety. Alprazolam is first noted in progress report dated 01/13/15. It is not clear when this medication was initiated. In progress report dated 04/16/15, the treater states "valium Rx is not helping his sleep and requests a change to Xanax or other agent." In progress report dated 06/11/15, the treater states that the Alprazolam is being discontinued and the patient "has not taken this medication for over a year." As per progress report dated 10/02/15, the patient gets "good relief" from Xanax. The treater also states that the patient "found a lack of relief with Buspirone and would prefer to go back to Alprazolam." In spite of some conflicting information, it is evident that the patient has taken Alprazolam in the past, and the medication appears to have offered some relief. Nonetheless, MTUS and ODG, however, do not support long-term use of this medication due to risk of dependence. Hence, the request IS NOT medically necessary.