

<b>Case Number:</b>	CM15-0222246		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	10/21/2008
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: 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 injured worker is a 60 year old male, who sustained an industrial injury on 10-21-08. The documentation on 10-5-15 noted that the injured worker has complaints of anxiety, tension, irritability and quick temper most of the time. The documentation noted the injured worker denies suicidal ideation or thoughts of harming others. The documentation noted on examination the injured worker was very polite, cooperative, reliable and friendly. The injured worker exhibits a serious, tense and dysphoric mood and there was occasional smiling, transient tearing, no laughing or weeping and no panic attacks or obsessive rituals. The injured workers thought content was somewhat tense and dysphoric, consistent with the mood and circumstances and there was no thought disorder. The diagnoses have included major depressive disorder, single episode moderately sever now chronic; post-traumatic stress disorder, in partial remission and panic disorder with agoraphobia. Treatment to date has included norco for pain; xanax for anxiety; trazodone for insomnia and depression and valium for insomnia. The documentation on 9-21-15 noted that the injured worker has been being treated by a psychiatrist over the last four years and has been given xanax, valium and trazodone and has never been in a psychiatric hospital but is worse mentally now than he was this time last year. The original utilization review (11-4-15) modified the request for xanax 2mg #120 to 90. The request for valium 10mg #60 was modified to 40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2mg #120:** 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 October 2008 when he was involved in a motor vehicle accident with loss of consciousness for several minutes. He was working as a Senior Technician and involved in the manufacturing of circuit boards. He was seen for an initial evaluation by the requesting provider. Medications had included Xanax, Valium, and Trazodone. He was having anxiety, depression, insomnia, occasional panic attacks, symptoms of PTSD, and had a low energy level and decreased memory and concentration. Diagnoses were major depressive disorder, panic disorder, and PTSD. The plan included for him to bring his medications to the next visit with increased medications at that time. In October 2015, he was using a cane and walking slowly and stiffly. He would sit or stand during the interview. He had a serious, tense, and dysphoric mood with somewhat tense and dysphoric thought processes. Medications were prescribed including trazodone for insomnia and depression, Xanax for anxiety, and Valium for insomnia. 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety which may be occurring in this case. A more appropriate treatment for anxiety disorder is an antidepressant. 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. Continued prescribing is not medically necessary.

**Valium 10mg #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 October 2008 when he was involved in a motor vehicle accident with loss of consciousness for several minutes. He was working as a Senior Technician and involved in the manufacturing of circuit boards. He was seen for an initial evaluation by the requesting provider. Medications had included Xanax, Valium, and Trazodone. He was having anxiety, depression, insomnia, occasional panic attacks,

symptoms of PTSD, and had a low energy level and decreased memory and concentration. Diagnoses were major depressive disorder, panic disorder, and PTSD. The plan included for him to bring his medications to the next visit with increased medications at that time. In October 2015, he was using a cane and walking slowly and stiffly. He would sit or stand during the interview. He had a serious, tense, and dysphoric mood with somewhat tense and dysphoric thought processes. Medications were prescribed including trazodone for insomnia and depression, Xanax for anxiety, and Valium for insomnia. Valium (diazepam) 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. 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. Continued prescribing is not medically necessary.