

Case Number:	CM15-0033223		
Date Assigned:	02/26/2015	Date of Injury:	09/18/2001
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 reported on 9/18/2001. He reported a history of bi-frontal headaches with neck and low back pain, and depression with anxiety; increased on his weaned/decreased doses of medications. Also reported was his difficulty tolerating the reduced doses of medications due to the weaning of his narcotic pain medications and sleep medication. The diagnoses were noted to include cervical spondylosis without myelopathy; displacement of the cervical intervertebral disc; cervical post-laminectomy syndrome; lumbar post-laminectomy syndrome; neck pain; brachial neuritis; disorder of the back; headaches (onset 10/3/2008); and anxiety state. Treatments to date have included consultations; psychological evaluation; diagnostic urine and imaging studies; and chronic medication management, over 13 years, with attempts to wean narcotic pain medications and Alprazolam in 2014. The work status classification for this injured worker (IW) was not noted to be remains off work. The history notes a 13 year course of multiple treatments for which this injured worker remains symptomatic, functionally impaired, and with complaints of a rigid abdomen, abdominal pain and vomiting of bile; as well as the detection of cannabinoids in urine toxicology screens and point of service testing, in 2014. Also noted was an attempt to receive injectable narcotics in an emergency room (12/2014). On 2/7/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 2/2/2015, for Alprazolam 0.5mg, #30, 1 tab at bed time as needed to #15 for the purpose of completing the tapering to discontinuation, over the next month. The Medical Treatment Utilization Schedule, chronic pain

medical treatment guidelines, benzodiazepines Alprazolam, anxiety medications in chronic pain, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg 1 HS PRn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 2/4/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physician's' Progress Reports, the injured worker has been prescribed Alprazolam 0.5 mg on an ongoing basis and is being slowly tapered over the course of time. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks but the guidelines do recommend careful taper of the medication. The request for Alprazolam 0.5 mg 1 HS PRN #30 is not medically necessary for the completion of taper process.