

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0041458 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 05/13/2013 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 03/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2015 |

### 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: Texas, California  
 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 30 year old male, who sustained an industrial injury on May 13, 2013. The injured worker reported neck shoulder and knee pain due to being hit in a motor vehicle accident (MVA). The injured worker was diagnosed as having chronic pain syndrome, depressive disorder, alcohol abuse, post traumatic stress disorder (PTSD), thoracic and lumbar strain/sprain, bilateral knee and elbow contusions and left elbow strain. Treatment to date has included X-rays, physical therapy, counseling, medication and cognitive behavior therapy. A progress note dated January 29, 2015 the injured worker continues to exhibit emotional symptoms. The injured worker presents as dysphoric and anxious with hopeless thoughts, nightmares and suicidal thoughts. Treatment plan includes continued psychotherapy, anger management, suicide risk assessment, self regulation/relaxation and medication. The patient has had X-ray of the knee and lumbar spine with normal findings and MRI of the thoracic and lumbar spine that was normal. Patient has received 49 CBT and an unspecified number of chiropractic visits for this injury. The medication list include Xanax, Relafen, tramadol, Trazodone, Clonazepam, Lexapro, Doxepin and Gabapentin. The patient has had psychiatric evaluation on 11/2/14 that revealed that the patient has had severe depression and moderate anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam tablets 0.5mg twice a day as needed Qty 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Request: Alprazolam tablets 0.5mg twice a day as needed Qty 180 Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines, 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 actions 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 detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. The patient is also on trazodone and doxepin which are also used for depression . Doxepin is also used for anxiety. These medicines also have sedating properties. The response of the patients symptoms to these medications in the absence of Xanax is not specified in the records provided . The xanax has been prescribed for prn use. The rationale for prescribing the Xanax in a large quantity of 180 tablets is not specified in the records provided. A recent detailed evaluation by a psychiatrist is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The medical necessity of the request for Alprazolam tablets 0.5mg twice a day, as needed Qty 180, as prescribed, is not medically necessary in this patient.

**Clonazepam tablets 1mg, twice a day Qty 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Clonazepam tablets 1mg, twice a day Qty 180 Clonazepam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines, 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 actions 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 detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia/anxiety is not specified in the records provided. The patient is also on trazodone and doxepin, which are also used for depression. Doxepin is also

used for anxiety. These medicines also have sedating properties. The response of the patient's symptoms to these medications in the absence of clonazepam is not specified in the records provided. A recent detailed evaluation by a psychiatrist is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The medical necessity of the request for Clonazepam tablets 1mg, twice a day Qty 180 is not medically necessary in this patient.