

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0043564 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 07/13/1999 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 56 year old female, who sustained an industrial injury on 7/13/99. She has reported a work related stress injury. The diagnoses have included depressive disorder with psychological factors affecting medical condition. Treatment to date has included medications and psychological sessions. Currently, as per the physician progress note dated 1/22/15, the injured worker presented for medication management for persistent symptoms of depression, anxiety and stress related medical complaints from and industrial stress injury to the psyche. The physical exam revealed depression, sleep disturbance, lack of motivation, problems with falling asleep, decreased energy, panic attacks, flash backs, tension headaches and increased pain. The current medications included Temazepam, Alprazolam, Prozac, Omeprazole and Buspar. It was also noted that the injured worker expressed visible anxiety, was soft spoken and facial expressions were depressed. The physician requested treatments included 2 refills of Temazepam 15mg #60 and Alprazolam 20mg #15 with 2 refills of #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 refills of Temazepam 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Benzodiazepines.

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of developing dependence. In this case, the patient has been on temazepam since at least 2014 to treat insomnia. This time frame is beyond the time frame recommended by the guidelines. Thus, the request for 2 prescription refills of temazepam 15 mg #60 is not medically necessary and appropriate.

Alprazolam 20mg #15 with 2 refills of #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Benzodiazepines.

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

Decision rationale: Guidelines state that SSRIs or SNRIs are first line agents for anxiety disorder and benzodiazepines are used primarily as an adjunct for stabilization. While acute treatment may be effective, long-term use is not recommended. In this case, the clinical documents do not contain findings that demonstrate efficacy of alprazolam. The request for alprazolam 20 mg #1 with 2 refills is not medically appropriate and necessary.