

Case Number:	CM15-0043836		
Date Assigned:	03/13/2015	Date of Injury:	06/03/2005
Decision Date:	05/22/2015	UR Denial Date:	02/25/2015
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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 62 year old female whose date of industrial injury is 06/03/2005. A progress report dated August 12, 2014 noted that the injured worker was not sleeping well and was awakening due to pain. She was still coping with the sequelae of her industrial injury. The last PR2 provided is dated 02/10/15 from [REDACTED]. The patient's diagnosis is major depressive disorder single episode moderate. Treatment has included trazodone, Lexapro, and alprazolam which at this point has been long term in nature. A UR of 02/25/15 certified one refill of alprazolam to allow a reduction in alprazolam of 10% per week over 2-3 months for weaning purposes. No further records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam Tab 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Health Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

Decision rationale: The patient has been on alprazolam, a benzodiazepine, since at least 08/14. This is well beyond MTUS guidelines of 4 weeks. There is no documentation of efficacy or other rationale to support the use of this agent. UR of 02/25/15 certified a weaning schedule over 2-3 months. Adequate time has elapsed for this to have been completed. Given all of these factors, this request is not medically necessary.