

Case Number:	CM15-0047737		
Date Assigned:	03/19/2015	Date of Injury:	06/18/2008
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 50-year-old male, with a reported date of injury of 06/18/2008. The diagnoses include right shoulder impingement syndrome, resolved; right shoulder pain, and status post multiple left knee surgeries and replacement of prosthetics. Treatments to date have included oral medications. The comprehensive orthopedic evaluation on 01/28/2015 indicates that the injured worker complained of pain, which was rated 3-4 out of 10. The objective findings did not include information about the injured worker's emotional/mental status. There was no diagnosis of anxiety or panic disorder. The treating physician requested Alprazolam. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam .5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Alprazolam 0.5mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome resolved; right shoulder pain clinically; status post multiple left knee surgeries and replacement of prosthetics from total knee surgeries. A progress note from May 16, 2014 shows the injured worker was on Valium that was discontinued and replaced with BuSpar and Xanax. A progress note dated January 28, 2015 shows the injured worker is still taking Xanax and BuSpar. The documentation is unclear as to what physician is writing prescriptions for the anxiolytic, benzodiazepine, Xanax. Documentation indicates the injured worker is under the care of the treating physician and the treating psychiatrist. Documentation, however, is unclear as to who is prescribing the benzodiazepine and Buspar. Additionally, there is no documentation from the treating psychiatrist and there is no continuing clinical rationale for its continued use. There is no documentation with objective functional improvement to gauge ongoing Alprazolam use. The treating physician has exceeded the recommended guidelines not to exceed two weeks without supporting compelling documentation. Xanax is not indicated for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence. Consequently, absent compelling clinical documentation with objective functional improvement from the treating psychiatrist and the treating provider with a clinical rationale and clinical findings to support ongoing Alprazolam, Alprazolam 0.5mg #30 is not medically necessary.