

Case Number:	CM15-0060391		
Date Assigned:	04/06/2015	Date of Injury:	09/18/2001
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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, Tennessee
 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 63 year old male, who sustained an industrial injury on 9/16/2001. The injured worker was diagnosed as having anxiety state, unspecified, cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, cervical and lumbar post-laminectomy syndrome, cervicgia, brachial neuritis, and headache. Treatment to date has included surgical intervention, diagnostics, psychology, and medications. Urine drug screens, dated 9/25/2014, 10/22/2014, 11/19/2014, and 2/12/2015 were inconsistent with prescribed medications (negative for Alprazolam). Currently, the injured worker complains of bifrontal headaches, pain in the upper neck and back of head, with tingling and numbness, along with low back pain. He continued to have depression and anxiety related to his chronic pain and disability. Attempts to wean pain and sleep medications were documented. His mood appeared depressed and affect was abnormal. Medications included Fentanyl, Hydrocodone, Alprazolam, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.5 MG #60: Upheld

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

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

Decision rationale: Xanax is the benzodiazepine alprazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the patient has been taking alprazolam since at least October 2014. Four samples submitted for urine drug testing did not show alprazolam. Documentation does not support that the patient has been taking the medication. The request should not be authorized.