

Case Number:	CM15-0083345		
Date Assigned:	05/05/2015	Date of Injury:	05/13/2013
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 05/13/2013 the injured worker has reported neck, shoulder and knee injuries. On provider visit dated 01/15/2015 the injured worker appears anxious and dysphoric. He was noted to be restless and having difficulty sleeping. He was noted not to have suicidal ideation. On examination the injured worker was noted as having an effect as restricted/depressed. With pressured speech, anxiety and restlessness. The diagnoses have included chronic pain syndrome. Treatment to date has included psychiatric evaluation, medication, yoga, chiropractic therapy and the cognitive behavioral therapy. The provider requested Alprazolam 0.5mg #180 and Clonazepam 1mg #180 for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #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: The patient presents with neck, shoulder, back and knee pain. The request is for ALPRAZOLAM 0.5MG #180. The request for authorization is dated 04/10/15. MRI of the thoracic spine, 07/26/14, shows mild disc desiccation. MRI of the lumbar spine, 10/16/14, shows disc desiccation at T12-L1, L1-L2, and L2-L3, with mild disc height loss. The patient has been slightly less anxious. His depression has become manageable. He exercises and does yoga training. He has been sleeping better. His suicidal ideation has been transient. There has been some sleep loss. Patient's medications include Lexapro, Doxepin, Alprazolam and Clonazepam. Per progress report dated 04/10/15, the patient is to remain off work. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Per progress report dated 04/10/15, treater's reason for the request is "for anxiety." MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. The patient is prescribed Alprazolam since at least 10/10/14. The request for additional Alprazolam #180 would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Clonazepam 1mg #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 Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Benzodiazepine.

Decision rationale: The patient presents with neck, shoulder, back and knee pain. The request is for CLONAZEPAM 1MG #180. The request for authorization is dated 04/10/15. MRI of the thoracic spine, 07/26/14, shows mild disc desiccation. MRI of the lumbar spine, 10/16/14, shows disc desiccation at T12-L1, L1-L2, and L2-L3, with mild disc height loss. The patient has been slightly less anxious. His depression has become manageable. He exercises and does yoga training. He has been sleeping better. His suicidal ideation has been transient. There has been some sleep loss. Patient's medications include Lexapro, Doxepin, Alprazolam and Clonazepam. Per progress report dated 04/10/15, the patient is to remain off work. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "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 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Treater does not specifically discuss this medication. The patient is prescribed Clonazepam since at least 10/10/14. However, ODG guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. Furthermore, the request for additional Clonazepam #180 would

exceed ODG guidelines, and does not indicate intended short term use. Therefore, the request IS NOT medically necessary.