

<b>Case Number:</b>	CM15-0089118		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/29/2006
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old male, who sustained an industrial injury on 5/29/2006, while working as an in-home caregiver for his mother. He reported a pop in his low back while transferring his mother. The injured worker was diagnosed as having depressive disorder, not otherwise specified, with anxiety, and musculoskeletal pain. Treatment to date has included diagnostics, facet joint injections, trigger point injections, mental health treatment, and medications. On 1/09/2015, the injured worker appeared predominantly depressed, with evidence of anxiety and frustration. He reported constant pain in his low back, left ankle, and knees. He reported bouts of abdominal pain and constipation. He reported palpitations and shortness of breath, often during times of heightened stress and anxiety. He required medications for diabetes, hypertension, and hypercholesterolemia. His current orthopedic treatment regimen included Norco, Lyrica, and Soma. He reported depression on a daily basis, episodes of anxiety, and trouble sleeping. He reported that without the use of his psychotropic medications, he would not sleep at all. He was irritable, short-tempered, and socially withdrawn, with diminished self-confidence. Libido was essentially absent and he reported concentration and memory difficulties. Current psychiatric treatment medications included Abilify and Xanax. He also utilized marijuana several times per day, every day. He was under the care of a psychiatrist from approximately 2007 to 2014. Psychological testing was not completed due to his illiteracy. He had not worked since his work injury date. The rationale for the requested continuance of Xanax was not noted. A PR2 report, dated 3/18/2015, noted urine drug screen (1/21/2015) as appropriate.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg quantity 90 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): 24.

**Decision rationale:** The claimant sustained a work-related injury in May 2008 and continues to be treated for radiating low back pain. When seen, he had symptoms of depression, anxiety, and was having difficulty sleeping. Alprazolam is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety, which may be occurring in this case. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of alprazolam is not medically necessary.