

Case Number:	CM15-0233851		
Date Assigned:	12/09/2015	Date of Injury:	05/23/2014
Decision Date:	01/14/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/30/2015

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: 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:

This is a 58 year old female with a date of injury of May 23, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, anxiety, and psychological factors affecting medical condition. Medical records dated August 3, 2015 indicate that the injured worker complained of depression, anxiety, irritability, and insomnia. Per the treating physician (September 21, 2015), the employee was working. The exam dated August 3, 2015 reveals a pressured and depressed manner of communication, anxious and distraught thought processes, no hallucinations, no paranoia or delusions, memory issues, diminished cognitive functioning, unimpaired insight and judgment, a score of 57 on the Beck Depression Inventory indicating severe depression, a score of 38 on the Beck Anxiety Inventory indicating severe anxiety, and a score of 22 in the Insomnia Severity Index indicating moderate insomnia. Treatment has included psychotherapy and medications (Alprazolam since at least July of 2015; Buspar, Lunesta, and Seroquel). The urine drug screen dated September 21, 2015 showed results that were negative for all tested substances. The utilization review (October 29, 2015) non-certified a request for Alprazolam 0.5mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5g 1 tablet every day quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The requested Alprazolam 0.5g 1 tablet every day quantity 30 with two refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has a pressured and depressed manner of communication, anxious and distraught thought processes, no hallucinations, no paranoia or delusions, memory issues, diminished cognitive functioning, unimpaired insight and judgment, a score of 57 on the Beck Depression Inventory indicating severe depression, a score of 38 on the Beck Anxiety Inventory indicating severe anxiety, and a score of 22 in the Insomnia Severity Index indicating moderate insomnia. Treatment has included psychotherapy and medications (Alprazolam since at least July of 2015; Buspar, Lunesta, and Seroquel). The urine drug screen dated September 21, 2015 showed results that were negative for all tested substances. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Alprazolam 0.5g 1 tablet every day quantity 30 with two refills, is not medically necessary.