

Case Number:	CM14-0145764		
Date Assigned:	09/12/2014	Date of Injury:	12/12/2009
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 37-year-old male who reported an injury on 12/12/2009. The mechanism of injury was not provided. The injured worker's diagnoses include post-traumatic headache, depression, and status post complex regional pain. The injured worker's past treatments include medications and psychiatric therapy. On the clinical note dated 06/20/2014, the injured worker reported problems sleeping and problems with his medications being filled. The injured worker's medications included Viibryd 40 mg daily, Xanax 0.5 mg up to 2 times a day as needed, and Intermezzo 3.5 mg as needed for insomnia. The injured worker denied side effects from medications. On the clinical note dated 07/28/2014, which was handwritten, the injured worker appeared to complain of not sleeping well. The medical records indicate the injured worker continued to exercise. The injured worker had fair motor strength. The request was for alprazolam 0.5 mg #30. The rationale for the request was for anxiety. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: 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
Benzodiazepines Page(s): 24.

Decision rationale: The request for alprazolam 0.5 mg #30 is not medically necessary. The injured worker is diagnosed with post-traumatic headache, depression, and status post complex regional pain. The California MTUS Guidelines do not recommend benzodiazepines for long term use because longterm efficacy is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. The injured worker has been prescribed alprazolam since at least 02/2014. The injured worker's medical records lack documentation of efficacy of medication, length of efficacy, and improved functional status on medication. Nonetheless, the guidelines do not support the long-term use of benzodiazepines. Additionally, the request does not indicate the frequency of the medication. As such, the request for alprazolam 0.5 mg #30 is not medically necessary.