

Case Number:	CM14-0163493		
Date Assigned:	10/08/2014	Date of Injury:	11/02/2012
Decision Date:	11/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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, and is licensed to practice in California. 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:

This 47 year-old patient sustained an injury on 11/2/12 while employed by [REDACTED]. Request(s) under consideration include Alprazolam .5 MG Quantity Requested: 120.00 and Temazepam 30 MG Quantity Requested: 30.00. Conservative care has included medications, therapy, medial branch blocks with radiofrequency ablation at L3, L4, L5, and modified activities/rest. Report of 9/9/14 from the provider noted the patient with ongoing chronic pain. Current medications list Tramadol, Gabapentin, Xanax, Wellbutrin, Temazepam, and App Trim. The patient reported having received recent rhizotomy procedure to her back with two prior injections. The patient continued with depression, anxiety and GI upset. Mental exam showed mood to be depression; affect is depressed with panic attacks. Treatment included continuing with medications with refills and psychiatric treatment with psychopharmacotherapy. The request(s) for Alprazolam .5 MG Quantity Requested: 120.00 were modified for QTY: 60 to taper and Temazepam 30 MG Quantity Requested: 30.00 were modified to QTY: 15 to wean on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

APLRAZOLAM .5 MG QUANTITY REQUESTED: 120.00: Upheld

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

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

Decision rationale: This 47 year-old patient sustained an injury on 11/2/12 while employed by [REDACTED]. Request(s) under consideration include Alprazolam .5 mg Quantity Requested: 120.00 And Temazepam 30 mg Quantity Requested: 30.00. Conservative care has included medications, therapy, medial branch blocks with radiofrequency ablation at L3, L4, L5, and modified activities/rest. Report of 9/9/14 from the provider noted the patient with ongoing chronic pain. Current medications list Tramadol, Gabapentin, Xanax, Wellbutrin, Temazepam, and App Trim. The patient reported having received recent rhizotomy procedure to her back with two prior injections. The patient continued with depression, anxiety and GI upset. Mental exam showed mood to be depression; affect is depressed with panic attacks. Treatment included continuing with medications with refills and psychiatric treatment with psycho-pharmacotherapy. The request(s) for Alprazolam .5 Mg Quantity Requested: 120.00 Was Modified for QTY: 60 To Taper and Temazepam 30 Mg Quantity Requested: 30.00 were modified to QTY: 15 to wean on 10/3/14. Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam .5 Mg Quantity Requested: 120.00 are not medically necessary and appropriate.

TEMAZEPAM 30 MG QUANTITY REQUESTED: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

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

Decision rationale: This 47 year-old patient sustained an injury on 11/2/12 while employed by [REDACTED]. Request(s) under consideration include Alprazolam .5mg Quantity Requested: 120.00 And Temazepam 30mg Quantity Requested: 30.00. Conservative care has included medications, therapy, medial branch blocks with radiofrequency ablation at L3, L4, L5, and modified activities/rest. Report of 9/9/14 from the provider noted the patient with ongoing chronic pain. Current medications list Tramadol, Gabapentin, Xanax, Wellbutrin, Temazepam, and App Trim. The patient reported having received recent rhizotomy procedure to her back with two prior injections. The patient continued with depression, anxiety and GI upset. Mental exam showed mood to be depression; affect is depressed with panic attacks. Treatment included continuing with medications with refills and psychiatric treatment with psycho-pharmacotherapy. The request(s) for Alprazolam .5mg

Quantity Requested: 120.00 Was Modified for QTY: 60 To Taper and Temazepam 30mg
Quantity Requested: 30.00 were modified to QTY: 15 to wean on 10/3/14. Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic 2012 injury. The Temazepam 30 Mg Quantity Requested: 30.00 is not medically necessary and appropriate.