

Case Number:	CM14-0164780		
Date Assigned:	10/09/2014	Date of Injury:	06/22/2007
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal Medicine 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:

The injured worker is a 43 year-old man with a date of injury of June 22, 2007. He sustained injury to his lower back while lifting paint cans. He was diagnosed with lumbar strain and possible disc injury. EMG/NCV of the bilateral lower extremities indicated a normal study. His injury is over 7 years old with extensive treatment to date. His given diagnosis is depressive disorder, not otherwise specified with a psychological factor affecting medical condition. Available medical records does not indicate any trials or current use of any of the psychiatric medications typically prescribed for long term treatment of depression, anxiety, or panic attacks, such as SSRIs, SNRIs, or tetracyclic anti-depressants. He continues to take Tramadol for pain. He was weaned off Norco and other narcotics after drug urinalysis showed cocaine metabolites. He continues to attend therapy sessions about once every two months for follow-up visits and renewal of medications. His medication list is as follows: Percocet 10mg orally 6 times a day for pain, Oxycontin 30mg orally TID for pain, Tramadol 50mg orally TID for pain, Seroquel 300mg orally daily for depression, Lexapro 20mg orally daily for depression, Xanax 0.5mg orally QID for anxiety, ointments and patches consisting of Lidocaine, and Lidoderm among others as necessary for pain. The IW received a psychological evaluation and treatment. He continues to receive treatment for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #120: 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: Pursuant to the California MTUS, chronic pain medical treatment guidelines, alprazolam (Xanax) is not medically necessary. According to the guidelines, Xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, and anti-convulsant and muscle relaxant activity. Tolerance to the hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the injured worker has been taking Xanax long term. As noted above, benzodiazepines are indicated for short-term use. Moreover, long term, is associated with addictive side effects, including but not limited to, depression, rebound anxiety and impairment of memory. The medical record does not reflect any alternative antidepressants or anxiolytics in lieu of long-term use of the benzodiazepine, Xanax. The injured worker was provided with a psychological evaluation. He continues to complain of symptoms of depression, anxiety and stress related medical complaints related to his work injury. The IW has been on Xanax long term and there is no documentation to support its long term use. Based on the clinical information in the medical record in conjunction with the peer review, evidence-based guidelines of Xanax is not medically necessary.