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| <b>Case Number:</b>   | CM14-0212414 |                              |            |
| <b>Date Assigned:</b> | 01/02/2015   | <b>Date of Injury:</b>       | 07/28/2009 |
| <b>Decision Date:</b> | 02/19/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/18/2014 |

### 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. 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 claimant had a date of injury of 7/28/2009. He developed left knee pain and back pain after stepping in a hole while carrying boxes at work. Past treatment has included left knee arthroscopy, epidural steroid injection, physical therapy, acupuncture home exercise program and medication. He is treated for ongoing knee pain, low back pain, stress and depression. Current medications include Butrans, alprazolam, temazepam, risperidone and sertraline. The requests are for alprazolam 0.5 mg #120 with 2 refills and temazepam 30 mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the request is for daily four times daily use with refills, which is not medically indicated. Alprazolam 0.5 mg #120 2 refills is not medically necessary.

**Temazepam 30mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the request is for Temazepam 30 mg for daily use with refills which is not medically necessary. Temazepam 430 mg #30 with 2 refills is not medically necessary.