

Case Number:	CM15-0114182		
Date Assigned:	06/22/2015	Date of Injury:	07/28/2000
Decision Date:	07/27/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/12/2015

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: Physical Medicine & Rehabilitation

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 61 year old male who sustained an industrial injury on 7/28/00. The injured worker was diagnosed as having major depressive disorder. Currently, the injured worker was with symptoms of depression and anxiety. Previous treatments included home care assistance, activity modification, medication management, and psychological evaluation. Previous diagnostic studies included radiographic studies. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg #150 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 benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: Based on the 06/15/15 progress report provided by treating physician, the patient presents with depression, difficulty staying asleep, excessive worry, jumpiness, tension, and agitation. Per 05/20/15 report, the patient presents with left elbow pain rated 7-8/10. Patient is status post left carpal tunnel release 1980 and May 2008, right carpal tunnel release 10/05/09, and right elbow ulnar transposition 01/19/10, per 01/14/15 report. The request is for Alprazolam 0.5 mg #150 with 2 refills. Patient's diagnosis per Request for Authorization forms dated 02/03/15, 02/25/15, 04/09/15, and 05/07/15 includes unspecified single episode major depressive disorder, and psychological factors affecting medical condition. Physical examination to the left elbow on 05/20/15 revealed well-healed scar and tenderness to palpation over medial and lateral condyles, and flexor and extensor tendons. Range of motion was decreased and decreased sensation to pinprick over median nerve distribution. Treatment to date has included home care assistance, activity modification, medication management, and psychological evaluation. The patient is off-work and remains temporarily totally disabled, per 04/07/15 report. Treatment reports were provided from 11/15/01 - 06/15/15. The MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Alprazolam (Xanax) has been included in patient's medications per progress reports dated 02/03/15, 02/25/15 and 04/09/15. Per 04/13/15 report, treater states the prescription of Alprazolam "had been provided by a psychiatrist, for anxiety/panic and sleep problems caused by Generalized Anxiety Disorder. It should be noted also that all the other remedies were exhausted before such benzodiazepines were used long-term - CBT, biofeedback, SSRIs, other sedatives, and so on. In the end, nothing worked as well as the benzodiazepines." Per 06/15/15 report, treater states UR reviewer "should have recommended a variance from the guidelines for the long-term use of Xanax for severe panic anxiety insufficiently responsive to first-line agents and other treatment measures." However, guidelines do not recommend long-term use of benzodiazepines. The patient has been prescribed this medication for at least 3 months to UR date of 05/21/15. Furthermore, the request for quantity 150 with 3 refills is excessive based on guidelines, and does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.