

Case Number:	CM15-0117790		
Date Assigned:	06/26/2015	Date of Injury:	09/30/2011
Decision Date:	08/25/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 56 year old male, who sustained an industrial injury on 9/30/2011. The mechanism of injury is not clear. The injured worker was diagnosed as having cervical sprain/strain, history of lumbar sprain/strain with degenerative joint disease, bilateral shoulder pain worse on the right, chronic bilateral knee pain with degenerative joint disease, and reactive depression due to industrial onset, stable with psychotropic medications, and history of post-traumatic stress disorder. Treatment to date has included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the right shoulder, and magnetic resonance imaging of the right knee. A QME supplemental report dated 3/10/2015 is a review of medical records. The request is for Alprazolam. On 3/19/2015, he is noted to have continued issues with anxiety and depression. On 4/16/2015, he had continued complained of severe neck, back, right shoulder and right knee pain. He is noted to suffer from chronic depression. On 5/14/2015, he complained of severe neck, and back pain, right shoulder pain, and right knee pain. He remains off work. He has continued complaint of depression, and reported that psychotropic medications were very helpful. He rated his pain current pain 8/10, at best a 4/10 with medications and 10/10 without medications. He indicated he has a 50% reduction in pain and 50% functional improvement with his activities of daily living. Physical findings revealed a limited range of motion of the back, positive straight leg raise testing bilaterally, neck range is limited in all planes, negative Valsalva and Hoffman signs. The bilateral knee exam revealed crepitus, and positive McMurray on the right. Examination of the shoulders revealed tenderness, full range of motion, and a positive impingement sign with mild crepitus. His medications are listed as:

Duragesic patches, Norco, Clonazepam for anxiety and panic disorder, Xanax for anxiety, Cymbalta for musculoskeletal pain and depression, Remeron for depression, and Neurontin as a mood stabilizer. The treatment plan included: all the listed medications, urine drug screening, orthopedic consultation, and chiropractic treatment. He is noted to be under a narcotic contract in the physician's office. The records indicated his treating psychiatrist's office is no longer treating workers compensation, and he had asked his primary treating physician to handle the management of his psychotropic medications until he is authorized for a new psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment guidelines, Alprazolam (Xanax) is considered a benzodiazepine. The CA MTUS guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions, as tolerance to hypnotic effects develops rapidly. The tolerance to the anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. The tolerance to anti-convulsant and muscle relaxant effects occurs within weeks. In this case the documentation indicated the injured worker to have utilized Xanax since at least January 2015. The utilization of Alprazolam (Xanax) is in excess of the 4 week limitation as recommended by the CA MTUS guidelines. Therefore, the request for Alprazolam 2 mg, #90 is not medically necessary.