

<b>Case Number:</b>	CM15-0120758		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/05/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 54-year-old female who sustained an industrial injury on 1/5/09. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder and psychological factors affecting medical conditions. Currently, the injured worker was with complaints of symptoms of anxiety and depression. Previous treatments included status post C6-7 anterior cervical fusion; status post left subacromial decompression and Mumford procedure, medication management and activity modification. Previous diagnostic studies included a magnetic resonance imaging, radiographic studies, and electromyography and nerve conduction velocity study. The plan of care was for Alprazolam 0.5 milligrams quantity of 30 with 2 refills and Prosom 2 milligrams quantity of 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 #30 with 2 refills:** Upheld

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

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

**Decision rationale:** The patient presents on 05/13/15 with multiple psychiatric complaints including depression, insomnia, tension, worry, and others. The patient's date of injury is 01/05/99. Patient is status post C6-7 anterior cervical fusion, left shoulder subacromial decompression. The request is for alprazolam 0.5mg #30 with 2 refills. The RFA is dated 05/13/15. Progress note dated 05/13/15 does not contain any physical findings. The patient's current medication regimen is not provided. Patient's current work status is not provided. MTUS Guidelines, Benzodiazepines section, page 24 states: 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, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant psychiatric complaints, the requested 30 tablet prescription with two refills does not imply short duration therapy. Furthermore, records indicate that this patient has been receiving Xanax for anxiety since at least 02/10/15. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, is not supported by guidelines. Therefore, the request is not medically necessary.

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

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

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

**Decision rationale:** The patient presents on 05/13/15 with multiple psychiatric complaints including depression, insomnia, tension, worry, and others. The patient's date of injury is 01/05/99. Patient is status post C6-7 anterior cervical fusion, left shoulder subacromial decompression. The request is for prosom 2mg #30 with 2 refills. The RFA is dated 05/13/15. Progress note dated 05/13/15 does not contain any physical findings. The patient's current medication regimen is not provided. Patient's current work status is not provided. Official Disability Guidelines, Pain Chapter, under Estazolam has the following: Not recommended. See Benzodiazepines. MTUS Guidelines, Benzodiazepines section, page 24 states: 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, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. In regard to the request for a continuing prescription of Prosom for this patient's insomnia secondary to anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant psychiatric complaints, the requested 30 tablet prescription with two refills does not imply short duration therapy. Furthermore, records indicate that this patient has been receiving Prosom for insomnia since at least 02/10/15. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, is not supported by guidelines. Therefore, the request is not medically necessary.