

Case Number:	CM15-0121688		
Date Assigned:	07/02/2015	Date of Injury:	10/06/2011
Decision Date:	08/10/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/23/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 38 year old male, who sustained an industrial injury on 10/6/11. Initial complaints were noted as sharp, burning pain in left-side neck. The injured worker was diagnosed as having chronic pain syndrome; cervical spinal stenosis; status post C5-6 anterior cervical disc fusion (ACDF) with graft/plating; cervical neuritis not otherwise specified; cervical disc myelopathy. Treatment to date has included status post C5-6 anterior cervical disc fusion (ACDF) with graft/plating; physical therapy; acupuncture; medications. Diagnostic studies included MRI cervical spine (2/19/13); EMG/NCV study (4/16/15). Currently, the PR-2 notes dated 4/1/15 indicated the injured worker was being seen for an initial psychiatric evaluation. The provider documents his chief complaints are depression, sleeping a lot, anger, increased pain due to injury, heart racing, skin crawling, difficulty falling asleep and going back to sleep. He is in the clinic today to establish care with this program. He was initially treated with chiropractic therapy which was of no benefit and then has a cervical MRI revealing a bulging disc pressing on his spinal cord. He has a cervical fusion march 2012 but the surgery did not change his symptoms. He is seeking assistance from a psychiatric standpoint. The provider's treatment plan included Retrospective Alprazolam 0.25mg #40 and retrospective Hydroxyz Pam 50mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Alprazolam 0.25mg #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker suffers from chronic pain due to industrial injury and developed psychological symptoms secondary to the same. He presented with complaints of depression, sleeping a lot, anger, increased pain due to injury, heart racing, skin crawling, difficulty falling asleep and going back to sleep. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Retrospective Alprazolam 0.25mg #40 is medically necessary for treatment, however it is to be noted that the guidelines recommend for the medication to be tapered off and not be continued for more than 4 weeks.