

<b>Case Number:</b>	CM15-0125301		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Pain Management

### 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 52 year old female with an industrial injury dated 11/30/2007; 07/31/2000 to 06/28/2008 (cumulative trauma). Her diagnoses were major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Comorbid conditions included stroke, blood clot and pulmonary complaints. Prior treatment included physical therapy, acupuncture, home exercises, TENS unit and medications (for medical issues). She was referred to psychiatry for emotional issues. She presents on 05/20/2015 for medication management for persistent symptoms of depression, anxiety and stress related medical complaints "arising from an industrial stress injury to the psyche." The provider documents there had been not significant side effects or negative interactions relevant to the medications. In the psychotherapy note dated 06/06/2015 the following is noted: difficulty staying asleep, tension, excessive worry, agitation, tension headache, muscle tension and jaw clenching. Observed behaviors were noted as visible anxiety and depressed facial expressions. The injured worker complained of an increase in anxiety. The request for Buspar 15 mg # 60 with 2 refills was authorized. The treatment request for review is Alprazolam 0.5 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 #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Xanax, and pain (chronic).

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

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. Within the documentation available for review, there is documentation that the patient is on a preventative anxiety medication in the form of Buspirone. Xanax may be appropriate for severe anxiety episodes, but the 3 month supply requested goes against the CA MTUS recommendation against long-term use. Given this, the utilization review modification is appropriate and the originally requested Xanax (alprazolam) is not medically necessary.