

Case Number:	CM15-0126404		
Date Assigned:	07/10/2015	Date of Injury:	04/13/1992
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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 (n) 61 year old male, who sustained an industrial injury on 4/13/92. He reported stress and anxiety related to work load and physical condition. The injured worker was diagnosed as having delusional disorder, major depressive disorder, generalized anxiety disorder and narcissistic personality disorder. Treatment to date has included psychiatric treatments, physical therapy and pain management. As of the PR2 dated 6/5/15, the injured worker reports lack of motivation, depression and difficulty thinking. Objective findings include visible anxiety. The treating physician requested Alprazolam 1mg #60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60 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, Mental Illness & Stress, Benzodiazepines.

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

Decision rationale: Alprazolam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. The number of tablets and refills are not appropriate for intermittent use only during panic attacks but chronic persistent use. Alprazolam is not medically necessary.