

Case Number:	CM15-0127589		
Date Assigned:	07/14/2015	Date of Injury:	03/05/2014
Decision Date:	09/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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: Anesthesiology

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 28 year old male injured worker suffered an industrial injury on 3/05/2014. The diagnoses included anxiety disorder with post-traumatic stress disorder-like qualities. The symptoms started after there was a robbery where he worked. The injured worker had been treated with medications and psychotherapy. On 3/31/2015, the treating provider reported he had a good response to treatment. He still had high anxiety in public and is not appropriate for returning to work in store sales. The injured worker reported anxiety, tension and irritability were reduced, and heightened anxiety and physiological reactivity were reduced. Memory and concentration were low and had trouble working. The injured worker had an agreed medical examination in psychiatry on 5/13/2015. The injured worker had not returned to work. The treatment plan included Xanax 2mg #120 and Restoril 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The documentation provided revealed a history of anxiety. There was no specific evidence of efficacy or functional improvement directly from this medication. This medication has been used at least since 11/2014. The MTUS does not recommend benzodiazepines for long-term use for any condition. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

Restoril 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. The documentation provided did not include an indication or symptoms for which the medication was prescribed. There was no evidence of evaluation of efficacy or specific function improvement from this medication. This medication has been used since at least 11/2014. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.