

Case Number:	CM15-0177622		
Date Assigned:	09/18/2015	Date of Injury:	06/24/2014
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial injury on 6-24-14 in a lifting incident resulting in a sudden popping, cracking sensation in her low back. Diagnoses included lumbar disc protrusion, radiculopathy, sprain, strain. She currently (7-18-15) complains of dull neck pain with radiation to the bilateral upper extremities with numbness and tingling and a pain level of 7 out of 10 without medication and 5 out of 10 with medication; dull, lower back pain with radiation of pain to the left lower extremity with numbness and tingling and a pain level of 5 out of 10 with and without medications. On (6-16-15) the pain level for lower back pain was decreased at 4 out of 10 without medications and 3 out of 10 with medication. Per the 6-19-15 qualified medical evaluation she has sleep difficulties with frequent (2-3 per night) awakenings due to pain. She has difficulty with activities of daily living such as hygiene, standing, sitting, and toileting. On physical exam of the lumbar spine there was painful range of motion, tenderness to palpation at L4-S1, left gluteus, left sacroiliac joint and lumbar paravertebral muscles with spasms. Per the 1-21-15 sleep medicine note the injured worker has day time somnolence and takes 2 naps per day. She has been on alprazolam since approximately 2-10-15. Treatments to date included medications: tramadol, omeprazole, alprazolam (6-19-15); acupuncture with benefit; lumbar epidural injection with benefit; physical therapy. In the progress note dated 7-28-15 the treating provider's plan of care included a request for Xanax for sleep. The request for authorization dated 7-18-15 indicated alprazolam 0.5mg #60 for anxiety, stress and insomnia. On 8-14-15 utilization review evaluated and non-certified the request for alprazolam 0.5mg #60 based on no documentation contraindicating the use of an antidepressant which is guideline recommended, insufficient documentation of the use of other guideline supported insomnia treatments and there was no documentation of functional benefit from previous use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.