

Case Number:	CM15-0179279		
Date Assigned:	09/21/2015	Date of Injury:	03/25/2015
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, California

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 60 year old male who sustained an industrial injury on 3-25-15. In a primary treating psychologist's initial report with psychological test results dated 5-15-15, with date of exam of 5-6-15, it is noted the injured worker submitted a claim "citing a cumulative trauma date of injury from 7-11-11 to 3-24-15 involving the head, headaches, vertigo, high blood pressure, sleep, sexual dysfunction, gastrointestinal, skin problems, anxiety and psyche." It is noted that the injured worker developed symptoms of mental disorder including depression, anxiety, irritability, and insomnia. Recurring periods of anxiety with symptoms including recurrent panic attacks, excessive worry, difficulty controlling his worry, feelings of restlessness, feeling "keyed up", and on edge, difficulty concentrating, irritability, muscle tension, abdominal distress and feeling pressured are noted. Impairment in his daily activities due to his mental disorder is reported. His thought processes were noted to be anxious and distraught when describing sleepless nights. The Beck depression Inventory score was 41, the Beck Anxiety Inventory score was 35, The Beck Scale for Suicidal Ideation was 0, the Insomnia Severity index score was 25, the Anxiety Scale score was 9 Sten, and the Depression Scale was 10 Sten. The diagnoses are noted as Major Depressive Disorder, single episode, unspecified, Unspecified Anxiety Disorder, and Psychological Factors Affecting Medical Condition (stress-intensified headache, neck-shoulder-back muscle tension, pain, nausea, vomiting, peptic acid reaction, abdominal pain-cramping and possible stress-aggravated high blood pressure). He was found to be temporarily totally disabled on a psychological basis. A request for authorization dated 5-6-15 lists the following: Bupropion, Buspar, Lunesta, and Alprazolam. The requested treatment of 2 refills of Alprazolam 0.5mg #60 was non-certified on 8-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 refills of Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on anti-depressants/anxiolytics along with Alprazolam for anxiety. The claimant was using the medication for several months, which is not indicated. As a result, the request for continued use of Alprazolam is not medically necessary.