

Case Number:	CM15-0071881		
Date Assigned:	04/22/2015	Date of Injury:	04/23/2008
Decision Date:	06/16/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/15/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 55-year-old male who sustained an industrial injury to the back, head, neck and shoulders on 04/23/2008 due to a fall. Diagnoses include chronic pain syndrome, major depressive disorder, anxiety, chronic cervicalgia, upper extremity radicular symptoms, myofascial pain and somatization symptom disorder. Treatments to date include medications, psychological therapy, spinal injections, acupuncture, TENS, physical therapy, cervical spine surgery and functional restoration program. MRI of the lumbar spine on 11/19/09 showed multilevel disc changes with neural foraminal narrowing and mild narrowing of the canal at L5- S1. According to the case notes dated 4/8/15 and 4/22/15, the IW reported feelings of anger, irritability and thoughts of raping someone or "destroying the insurer" because of denied treatments. The provider explained these thoughts are due to feelings of loss of control since the industrial injury and the IW had no real intent to commit such acts. A request was made for Alprazolam 0.5mg #150 with 2 refills for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #150 with 1 refill: Upheld

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

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: Alprazolam (Xanax) is a benzodiazepine medication. Its range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice and very few conditions. The MTUS notes that benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for treatment of spasm. The ODG guidelines note that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors Benzodiazepines are Not Recommended as first-line medications by ODG. Criteria for use if provider & payer agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case the prescription for alprazolam is for a period of one month with 2 refills. This exceeds both the recommendations of the MTUS and the ODG guidelines, which allow ongoing use beyond 1 month only with documentation of efficacy. The utilization review on 4/14/15 did certify 1 month only. Ongoing use would require documentation of specific necessity as well as documentation of efficacy. The request for alprazolam 0.5 mg #150 with 2 refills is not medically necessary.