

Case Number:	CM15-0074033		
Date Assigned:	05/19/2015	Date of Injury:	04/12/1999
Decision Date:	06/23/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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, 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 53-year-old male, who sustained an industrial injury on 4/12/99. The injured worker was diagnosed as having left sided lumbar radicular pain, cervical pain, neuralgia, lumbago, disc disease, facial pain, headache, and bilateral greater occipital neuralgia. Treatment to date has included medication such as Norco, Lunesta, Alprazolam, and Fioricet. The injured worker has been taking Alprazolam off and on since at least 7/1/14. A physician's report dated 2/3/15 noted the injured worker was feeling depressed with lack of motivation and energy. He was anxious and worried a lot. Currently, the injured worker complains of anxiety secondary to pain in the neck and back. The treating physician requested authorization for Alprazolam 0.5mg #30. The treatment plan included a psychological evaluation and management for anxiety secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: 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 (Chronic).

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

Decision rationale: CA MTUS Guidelines state that benzodiazepines are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependency. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. In this case, the patient has been prescribed Alprazolam intermittently for approximately one year. The patient complains of depression with lack of motivation and energy. Benzodiazepines are known to worsen depression in many patients. Consideration for the use of an antidepressant to treat both his anxiety and depression is advisable. This request for Alprazolam is not medically necessary or appropriate.