

Case Number:	CM15-0076846		
Date Assigned:	04/30/2015	Date of Injury:	12/11/2009
Decision Date:	06/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/22/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 63 year old female whose date of injury is 12/11/09. She reported pain in both hands and knees. She underwent left knee surgery, which resulted in altered gait, from which she developed left knee pain, back and leg pain. The injured worker was diagnosed as having chronic lumbosacral strain, symptom magnifying/malingering, and left synovial cyst at L4-5 with radiculopathy. Treatments to date have included left knee arthroscopy on 11/7/12, physical therapy, lumbar epidural steroid injections and medications. She continues to complain of pain and diminished sensation of the left lower extremity with tenderness over the left buttock on palpation. The treatment plan includes lumbar laminectomy at L4 and Lyrica. She underwent psychological evaluation on 08/25/14, diagnoses were major depressive disorder unspecified and psychological factors effecting medical condition. Recommendations were CBT and medications. 02/26/15 she reported improvement in concentration, headache, panic, sexual function, and less yelling. She has been prescribed alprazolam since 08/26/14. UR of 03/19/15 certified a request to allow for #30 to allow for safe taper.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) Page(s): 24 of 127.

Decision rationale: The patient's diagnoses are major depressive disorder unspecified and psychological factors effecting medical condition. She was not given the diagnosis of an anxiety disorder, even in which case benzodiazepines are recommended to be utilized only in the acute phase during initial treatment. Alprazolam is a benzodiazepine, which per guidelines is not recommended for long term use due to the potential problems of dependence and abuse. It has been prescribed for well over the recommended guidelines, since 08/2014, and no clear rationale has been provided for use of this agent. Furthermore, UR of 03/19/15 modified a request to allow for #30 for safe taper. This request is therefore non certified and is not medically necessary.