

<b>Case Number:</b>	CM15-0092610		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 49 year old male, who sustained an industrial injury on 4/6/06. He reported low back pain following a slip injury. The injured worker was diagnosed as having pain disorder, depressive disorder, bereavement, status post-acute industrial lumbosacral sprain/strain, L5-S1 disc bulge with annular tear, bilateral lower extremity and hypertension. Treatment to date has included epidural steroid injections, oral medications including Xanax and Norco and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 7/2/12 revealed L2-3, l3-4, L4-5 disc bulge and L5-S1 central disc extrusion. Currently, the injured worker complains of constant low back pain with radiation to posterior legs bilaterally to feet and tingling of posterior legs into the feet and numbness of anterior and lateral thighs. He also reports muscle spasms in low back. He also complains of depression, feelings of hopelessness, anger, irritability, frustration, poor concentration, and disturbed sleep, loss of interest, anxiety and panic attacks. Urine drug screen performed on 10/20/14 was consistent with medications prescribed. He is currently taking 4-5 Norco tablets daily. Mental status exam noted depressive fatigue, drawn mannerisms and appears quite depressed. It is noted there is no apparent evidence of a psychotic thought process or intentional suicide. A request for authorization was submitted for Alprazolam, Duloxetine and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.25 mg #30 per month for 8 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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, 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". Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.