

Case Number:	CM15-0093926		
Date Assigned:	05/20/2015	Date of Injury:	07/16/1991
Decision Date:	06/25/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/15/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female who sustained an industrial injury on 07/16/1991. The injured worker is status post cervical fusion. The injured worker was diagnosed with post laminectomy symptoms, cervical degenerative disc disease, Bipolar II, pain disorder, somatoform disorder and dysthymic disorder. Treatment to date includes home exercise program, pain management, nerve block injections, psychiatric therapy and medication management. According to the primary treating physician's progress report on March 24, 2015, the injured worker continues to experience pain that disrupts sleep and is unable to do her housework due to pain. The injured worker has decreased energy levels. The injured worker rates her pain at 3-4/10 with medications. Evaluation of current mental status is documented as depressed/sad mood, congruent affect, with goal directed, logical and linear thought process and insight and judgment intact. Current medications are listed as Ultram, Tylenol, Abilify, Cymbalta, Trazodone, Temazepam and Alprazolam. Treatment plan consists of continue medications, monthly psychotherapy and the current request for Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Alprazolam 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Alprazolam (Xanax).

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

Decision rationale: The patient presents with depression and bipolar disorder. The current request is for 1 prescription of Alprazolam 0.5mg. The treating physician states, "Alprazolam 2 tablet three times a day as needed." (41B) Xanax (alprazolam) belongs to a group of drugs called benzodiazepines and is used to treat anxiety disorders, panic disorders and anxiety caused by depression. The MTUS guidelines state that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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." In this case, the treating physician has documented that the patient has been on this medication since at least 8/12/14 (19B) and the MTUS guidelines only recommended this medication for short term use. Additionally, there was not a quantity submitted with this request, making the request invalid. The current request is not medically necessary and the recommendation is for denial.