MAXIMUS Federal Services

Case Number:	CM14-0162451		
Date Assigned:	10/07/2014	Date of Injury:	01/30/2010
Decision Date:	10/20/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 32 year old female, who sustained an industrial injury on 01-30-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, anxiety and panic attacks, and gastrointestinal complaints. Medical records (04-14-2014 to 09-04-2015) indicate ongoing low back pain. There was no assessment or discussion of the IW's anxiety and panic attacks other that the diagnoses and that she had been referred to a specialist. The progress reports (PRs) did not discuss the IW's activities of daily living or functional status. Per the AME (agreed medical evaluation), the injured worker was temporarily totally disabled. The physical exams, dated 08-19-2014 and 09-02-2014, revealed no changes in the objective findings of the lumbar spine. Again, psychiatric and psychological status was not discussed. Relevant treatments have included lumbar spine surgery, work restrictions, and multiple medications (alprazolam since at least 04-2014). The treating physician indicates that a MRI of the lumbar spine (date unknown) has been completed and shows worsening pathology; however, the report and or results were not available for review. The PR, dated 09-02-2014, shows that the following medication was requested: alprazolam 0.5mg. The original utilization review (09-19-2014) denied the request for alprazolam 0.5mg #150 based on the lack of medical indication for this medication in the IW's injury, the non-recommendation of long-term use, and the absence of functional improvement with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states that benzodiazepine (ie Xanax) is "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." Medical records indicate that the patient has been on Alprazolam far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Alprazolam 0.5mg #150 is not medical necessary.