

Independent Medical Review Final Determination Letter

898

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0018012	Date of Injury:	01/08/2013
Claims Number:	[REDACTED]	UR Denial Date:	08/20/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
MEDICATION ALPRAZOLAM EXTENDED-RELEASE TABLET IMG QUANTITY : 60			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 01/08/2013. The primary treating diagnosis is a concussion and neck sprain. The patient was injured when he passed out at work. A subsequent CT of the brain was normal.

An initial physician review in this case notes that a prior request had been made on 08/14/2013 by a nurse consultant for additional information to support the necessity of alprazolam and that that information was not subsequently provided by the treating physician.

An agreed medical examination in internal medicine of 06/19/2013 outlines the patient's medical history in great detail and notes that the cause of the patient's deficit of syncope was not determined and perhaps an ear, nose, and throat evaluation would be indicated. A primary treating physician's progress report of 12/03/2013 notes the patient reported persistent pain in the neck radiating to the upper extremities and that the patient was still awaiting a cervical epidural injection and that he had tenderness in the cervical paraspinals and trapezial muscles with spasm.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. Alprazolam extended-release tablet, 1mg #60 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Benzodiazepines, page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Benzodiazepines, page 24, states, "Not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions." The treatment guidelines do not support ongoing use of this medication. The medical records do not provide additional information regarding this medication subsequent to a prior physician non-certification. Particularly given the patient's history of unexplained syncope, the use of psychotropic medications such as benzodiazepines would not be recommended. Overall this treatment is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0018012