

Case Number:	CM13-0002689		
Date Assigned:	09/19/2014	Date of Injury:	02/24/2007
Decision Date:	10/20/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 53-year old patient with a 2/24/07 date of injury. The mechanism of injury was repetitive bending and lifting of the lumbar spine. Since then, the patient has experienced chronic pain, as well as several psychological symptoms (i.e., depressed mood and anxiety) secondary to her injury. The patient underwent an L5-S1 disc replacement on 1/13/09. A CT of the lumbar spine without contrast was performed on 9/11/13. The Impression was: 1) Degenerative disc disease with facet arthropathy with retrolisthesis L3-4 and postoperative changes L5-S1; 2) L4-5 moderate canal stenosis with mild to moderate left neural foraminal narrowing. When last evaluated by pain management on 05/28/13, the patient complained of 7-8/10 pain in her lower back, with radiation to the bilateral hips. She denied any significant changes in her symptoms, and that she had undergone several epidural steroid injections in the past, without benefit. Her medication regimen included Percocet 10/325 mg four per day, Prilosec 20 mg one per day, Senna one per day, Zofran one per day, and Terocin cream. Physical examination revealed tenderness to palpation over the lumbar paraspinal muscles, and muscle spasm was described. There was increased pain with extension of the lumbar spine, and Positive facet tenderness. There was a Positive FABER's bilaterally, and tenderness to the SI joint bilaterally. Neurological examination revealed sensory deficits at the left C5, C6, and C7 dermatomes, as well as +4/5 motor strength in all muscles tested in the left upper extremity. No sensory or motor deficits were observed in the right upper extremity. The patient was noted to be on Xanax for muscle spasm, as well as Lunesta for sleep since at least July of 2013. Treatment to date: Back surgery, spinal injections, physical therapy, psychotherapy, pain medication, psychotropic medication, and pain management. A Utilization Review letter dated 07/09/13, reviews the request for Alprazolam, 0.5 mg, 3 to 4 times a day, #100/25 days. In this report, the patient's medications included Xanax, Ritalin, Lunesta, Cymbalta, and Abilify. An adverse determination

was rendered, with the rationale that benzodiazepines are: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence."

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg 3 to 4 times a day, #100/25days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. This patient has a long history of debilitating lower back pain, with persistent spasm of the lumbar paravertebral muscles. This treatment has been well documented, although the last visit noted was 05/28/13. In the treatment notes for this date of visit, medications were listed; however, no benzodiazepines were included. The patient has also experienced psychological symptoms secondary to her low back injury, and has apparently been prescribed numerous psychotropic medications by her treating physician, These medications were detailed in the UR Report of 07/09/13, and included five psychotropic medications (Xanax, Ritalin, Lunesta, Cymbalta, and Abilify), two of which are benzodiazepines. No treatment notes were available to determine when these medications were initiated, how long the patient has been on them, or whether there has been any beneficial changes in response to this therapy. Moreover, what is available indicates that these medications were in use at least prior to July of 2013, which constitutes long-term use. Since the CA MTUS Chronic Pain Medical Treatment Guidelines prohibit the use of long-term benzodiazepines. Therefore, the request for Alprazolam 0.5 mg 3 to 4 times daily, #100/25 days is not medically necessary.