

Case Number:	CM13-0006548		
Date Assigned:	01/03/2014	Date of Injury:	12/18/2009
Decision Date:	03/24/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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. 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:

The patient is a 56-year-old female with date of injury on 12/18/2009. The progress report dated 06/07/2013 by [REDACTED] indicates the patient's diagnoses include: 1) Myofascial pain of the cervical, thoracic, and lumbar spine, 2) Cervical degenerative disk disease with C4-C5 2-mm disk bulge, C5-C6 left-sided 5-mm disk bulge, and C6-C7 2.7-mm disk bulge per MRI of 09/09/2010, 3) Lumbar degenerative disk disease with L1-L2 left paracentral disk extrusion extending up to 4-mm posteriorly and 3-mm superiorly per MRI of 09/09/2010, 4) Thoracic disk protrusion at T8-T9, there is a central 2.1-mm disk protrusion without mass effect on the cord or central canal stenosis, history of thoracic epidural steroid injection on 05/02/2012 with dramatic reduction of pain, 5) Status post recent fall on 03/29/2013 with post-concussion syndrome. The patient continues to complain of mild but annoying headaches. She also complains of pain over the cervical and thoracic spine. Physical exam of the cervical spine showed limited range of motion and mild tenderness of the paraspinal muscles. The patient was stable on her medication and was continued with nortriptyline, Lidoderm patches, Prilosec, naproxen, Neurontin, Dendracin lotion, Sumatriptan, Cymbalta, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tablets 0.25mg #15: 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), Section on Pain, (Benzodiazepines)

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

Decision rationale: The patient continues with mild headaches and neck pain as well as mid back pain. The records do not appear to indicate that the patient was prescribed alprazolam. There is no discussion by the treating physician regarding this medication. The urine drug screens from 06/07/2013 and 09/30/2013 did not indicate that the patient was positive for benzodiazepines. MTUS Guidelines, page 24, regarding benzodiazepines states that they are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. A request for alprazolam does not appear to be medically necessary as there is no discussion provided by the records to indicate the patient was prescribed this medication or was taking it. Therefore, recommendation is for denial.