

<b>Case Number:</b>	CM13-0024855		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 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 47-year-old male who reported an injury on 07/07/2006 after a crush injury from a heavy metal object falling onto the patient's hand. The patient's continued care included epidural steroid injections and psychiatric treatment in combination with medications. The patient's medications included naproxen, hydrocodone 3 daily, Celexa 40 mg a day, trazodone 100 mg at bedtime, and Xanax. Physical findings included tenderness to palpation of the left wrist and decreased flexion of the left 1st interphalangeal joint. The patient's diagnoses included status post left hand crush injury, chronic cervical musculoligamentous sprain/strain, and chronic pain syndrome in combination with post-traumatic stress disorder. The patient's treatment plan included continued psychiatric care, continued medication usage, and epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg, #75 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient does experience symptoms related to chronic pain and post-traumatic stress syndrome. MTUS Chronic Pain Guidelines support the use of benzodiazepines such as alprazolam for short term treatment of anxiety symptoms related to chronic pain. However, the clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The submitted documentation does not provide any objective functional benefit to support the continued use of this medication. As extended use is not supported by guideline recommendations, the medication would not be indicated. As such, the request for 75 Alprazolam 1mg with 2 refills between 7/31/13 and 10/20/13 is not medically necessary and appropriate.