

<b>Case Number:</b>	CM13-0030746		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/30/1992
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Acupuncture and 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:

This case involves a 52-year-old injured, female worker, with a date of injury of 9/30/1992. She is diagnosed with status post lumbosacral spine fusion; lumbar sprain; lumbosacral radiculopathy/radiculitis; L4-L5, L5-S1 degenerative disc disease; status post anterior lumbar interbody fusion, L5-S1, total disc replacement, L4-L5; and hip pain. She is refractory to physical therapy and medications. The date of the utilization review (UR) decision was 9/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Alprazolam 1mg #30 between 9/13/2013 and 11/3/2012:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Muscle relaxants Page(s): 24,66.

**Decision rationale:** The Chronic Pain Guidelines indicate that benzodiazepines 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. 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." Review of the medical records submitted indicates that the injured worker has been treated with alprazolam since as early as 10/2012. As it is not recommended for long-term use, the request is not medically necessary. The guidelines indicate that "Benzodiazepines: not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for treatment of spasm."