

Case Number:	CM13-0034173		
Date Assigned:	12/06/2013	Date of Injury:	12/12/2012
Decision Date:	01/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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.

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 30-year-old male who reported a work related injury on 12/12/2012. The mechanism of injury was noted as the patient falling on both hands and knees. The patient has undergone physical therapy and acupuncture with no benefit. The patient also underwent x-rays and MRI of the right knee. The patient complains of constant right knee pain which radiates to the right calf. The patient's diagnosis is noted as right knee sprain/strain. A request was made for Alprazolam 1 mg tablets #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg tablets #60 (no refills): Upheld

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

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

Decision rationale: The recent clinical documentation submitted for review stated the patient complained of constant right knee pain that he rated a 7/10. Objective findings included normal bilateral knee range of motion with mild tenderness to the bilateral knees and a pop/click. The treatment plan was noted for the patient to undergo extracorporeal shockwave lithotripsy. The patient was provided prescriptions for naproxen, Omeprazole, and Alprazolam. Alprazolam is an anti-anxiety medication to be taken as directed for the treatment of anxiety. The California

Chronic Pain Medical Treatment 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 the use of benzodiazepines to 4 weeks. Guidelines further state a more appropriate treatment for anxiety disorder is an antidepressant. In addition, there were no subjective complaints or objective findings of anxiety for the patient in the submitted documentation. There were also no recent clinical notes submitted stating the efficacy of the medication and any functional improvements for the patient due to the use of Alprazolam. Therefore, the decision for Alprazolam 1 mg tablets #60 (no refills) is non-certified.