

<b>Case Number:</b>	CM13-0037018		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/10/2003
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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:

The patient is a 37 year-old male with a date of injury on 05/10/2003 and the mechanism of injury was from a fall. The patient has persistent low back pain since his injury. The current diagnosis is listed as lumbago. The patient's current medications include Alprazolam 0.5mg one tablet by mouth every 12 hours for stress and tension from his chronic back pain. The current request is Alprazolam 0.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM 0.5MG #30:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The recommended treatment is for 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. A more appropriate treatment for anxiety disorder is an antidepressant. It is not indicated in the information provided of how long the patient has been taking the alprazolam 0.5mg. Therefore, the request for alprazolam 0.5mg #30 is not medically necessary.