

Case Number:	CM13-0040166		
Date Assigned:	12/20/2013	Date of Injury:	02/18/2013
Decision Date:	02/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, Pulmonary Diseases 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 37-year-old female who reported an injury on 02/18/2013. The mechanism of injury was stated to be the patient was passing by a facility room and saw a resident about to fall on the floor. The patient tried to help the resident to keep from falling but they both fell, and the patient was noted to have pain in the lower back. The patient was noted to complain of back pain with radiation to the bilateral posterior legs, the right worse than left. The patient was noted to be taking Xanax, Norco 5 mg, Flexeril, and naproxen for pain relief. The request was made for alprazolam 0.5 mg #60. The patient's diagnosis was noted to include lumbosacral sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam .5mg #60: 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 Chronic Pain Medical Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most

guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the long term necessity for the medication, as it is limited to 4 weeks per the California MTUS Guidelines. Given the above, the request for alprazolam .5 mg #60 is not medically necessary.