

Case Number:	CM13-0042202		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2012
Decision Date:	04/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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 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 injured worker had an original date of injury on March 1, 2012. The mechanism of injury was due to heavy lifting. The patient carries a diagnosis of chronic low back pain and underwent posterior hemi-laminectomy's at L4 and L5, and from foraminotomies at L4 5 and L5 S1. An initial postoperative course of physical therapy for 12 sessions was authorized on August 20, 2013. The patient was seen on September 30, 2013 and recommended for an additional 14 sessions of physical therapy. Alprazolam was also recommended for stress and anxiety as well as sleep. The disputed issues are the request for additional postoperative physical therapy and alprazolam. The rationale for the denial of the alprazolam was that the guidelines state that they are not recommended as "they can lead to dependence and do not alter stressors or the individuals coping mechanisms." The rationale for the noncertification of the additional physical therapy was that no therapy progress notes were submitted for review, and therefore no documentation of functional improvement from the initial twelve visits were available to justify additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states 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 four 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. There is documentation by the requesting healthcare provider that alprazolam is the only medication that seems to help him with post op sleep problems. Yet there is no documentation of what other sleep medications have been trialed to date. This is documented in a request for authorization on date of service September 30, 2013. In general, benzodiazepines are not recommended for the treatment of insomnia as their use can lead to dependence. There are other sleep medications that do not lead to dependence, and it is unclear if those have been tried before hand. The request for Alprazolam 30 mg, 30 count, is not medically necessary or appropriate.

PO PHYSICAL THERAPY FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: In the case of this injured worker, there is documentation that the patient has had previous lumbar microscopic discectomy. On a note with date of service September 25, 2013 the patient is documented to have recently begun physical therapy after the last office visit. The initial postoperative course of physical therapy for twelve sessions was authorized on August 20, 2013. There is no commentary on functional improvement from physical therapy to date. Without this documentation, further sessions of physical therapy are not justified and this request is recommended for non-certification. The request for Physical Therapy for the lumbar spine is not medically necessary or appropriate.