

<b>Case Number:</b>	CM13-0043031		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/08/2013
<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 Internal 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 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:

This patient is a 50-year-old male with date of injury on 3/1/2010 when he felt a strain in his low back while lifting a 110lb object. Since then, he has had chronic issues with his back. According to the records, his back, left knee, and neck issues are covered and all other medical/psychological issues are not covered. Per the records, he has been on topical analgesics (Capsaicin/Ketoprofen/Gabapentin) compounded and using Alprazolam ER 1mg for sleep. He is currently being evaluated for lumbosacral surgery and waiting for approval. The current request is for Alprazolam ER 1mg (#30).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM ER 1MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

**Decision rationale:** This patient has been using Alprazolam ER 1mg for sleep and per the records; it seems he has been on this for at least 2 or more years. There are no reports in the data provided that the Alprazolam ER is used as a muscle relaxant or for pain control. The California

MTUS guidelines state that Benzodiazepines are not recommended for chronic use and this has been denied in the past. According to MTUS guidelines, this is not a medically appropriate therapy and chronic benzodiazepine use greater than 4 weeks is discouraged. It is also not approved for the use of chronic insomnia or sleep issues long-term. As such, medical necessity for Alprazolam ER has not been established and the medication is not medically necessary.