

Case Number:	CM13-0048615		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2009
Decision Date:	06/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 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 claimant is a 31-year-old male who reportedly sustained burn injuries to the upper extremities. The claimant has also been treated for shoulder pain and back pain. There is mention that the claimant has a history of insomnia, anxiety, and depression. There is also a past history of attention deficit disorder. Treatment to date has consisted of chiropractic treatments, oral medications, acupuncture treatments, the use of a TENS unit, surgical intervention, as well as psychiatric care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MEDICATION: ALPRAZOLAM 0.5MG #90 PLUS DISP FEE BETWEEN 09/12/2013 AND 09/12/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: As noted on page 24 of the MTUS chronic pain medical treatment guidelines, benzodiazepines are not supported for long-term use. Most guidelines limit use to no

more than four weeks. It is noted that chronic benzodiazepine use is the treatment of choice in very few conditions. The medical records do not indicate that other first-line medications for treatment of anxiety have been tried and failed. Since his medication is not supported for long-term use, ongoing use cannot be deemed medically indicated.