

<b>Case Number:</b>	CM13-0055454		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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:

This is a patient with a date of injury of 6/22/11. It references a 10/15/13 medical report identifying low back pain 9/10 radiating to the left lower extremity with numbness, tingling, and spasm. Pain is 10/10 in the right hip and 8/10 in the left hip. There is also right knee pain at 8/10, anxiety, depression, and insomnia. On exam, there is a positive straight leg raise bilaterally, ambulation with the assistance of a cane, tenderness in the lumbar spine, and decreased sensation at the left L3-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **60 Alprazolam 1mg: 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 MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use, and most guidelines limit their use to four weeks. They note that 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. Within the documentation available for review, there is no clear rationale presented for the long-term use of this benzodiazepine despite the recommendations of the California MTUS. In light of the above issues, the currently requested Alprazolam is not medically necessary.