

Case Number:	CM13-0060452		
Date Assigned:	12/30/2013	Date of Injury:	03/13/2003
Decision Date:	06/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, and is licensed to practice in Texas. 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 is a 44 year old female injured on 03/13/03 due to an undisclosed mechanism of injury. Current diagnoses included reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, and depression. Previous surgical interventions included right carpal tunnel release, right wrist flexor tenosynovectomy, radial right wrist flexor tenolysis of index, middle, ring, middle finger, spinal cord stimulator implant, intrathecal pain pump placement, and craniotomy. The injured worker's medical history included anemia, constipation, depression, and seizures. A clinical note dated 12/18/13 indicated the injured worker presented with increased pain in the left arm/hand and weakness in the left hand with tingling and weakness in the last fingers of her right hand. The injured worker rated her right arm pain at 10/10, left arm pain at 7/10, lumbar spine pain at 8/10, and cervical spine pain at 9/10. Physical examination revealed temperature change in the right hand, decreased grip strength to the right hand compared to the left, numbness of the right little finger and ring finger. Physical examination of the lower extremities revealed hyperesthesia, 5/5 strength, and 2+ deep tendon reflexes. Current medications included Amitiza 24mcg, Fentanyl 12mcg/hour Q72 hours, Xanax 0.5mg TID, Seroquel 100mg QHS, Lidoderm 5% QD, Prozac 20mg QID, Topamax 200mg BID, Abilify 20mg QD, and Lasix. Previous medical treatments included acupuncture, chiropractic treatment, discogram, facet joint injections, physical therapy, pump trial, spinal cord stimulator implant, sympathetic blocks, and TENS unit. A previous request for Alprazolam 0.5 was initially non-certified on 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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 Guidelines, 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 4 weeks. 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 an anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the 4 week treatment window. As such, the request is not medically necessary and appropriate.