

Case Number:	CM13-0065062		
Date Assigned:	06/20/2014	Date of Injury:	12/21/1998
Decision Date:	08/08/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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:

A progress report dated 10/21/13 documented diagnoses of facet arthropathy, degenerative disc disease lumbar, derangement of meniscus, osteoarthritis lower leg, and disruption of ACL. The subjective complaint was back pain. Medications included Xanax, Ambien, oxycodone/acetaminophen, carisoprodol, flexeril, ibuprofen, atenolol, trazodone, humira, prednisolone, fosamax, and prozac. The date of injury was 12/21/98. Progress reports from 5/13/13 to 9/22/13 documented medications, included Xanax and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam: 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.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state 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 4 weeks. Progress reports from 5/13/13 to 9/22/13 documented medications, included Alprazolam. The MTUS guidelines do not

recommend the long term use of benzodiazepines. Therefore, the request is not medically necessary.