

<b>Case Number:</b>	CM13-0065077		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 03/02/2010. The mechanism of injury was not stated. The current diagnoses include status post lumbar fusion on 03/28/2013, status post initial lumbar surgery on 09/21/2011, status post right inguinal hernia repair on 07/08/2013, persistent lower back pain, insomnia, history of panic attacks, depression, anxiety, trypanophobia, and testicular urological difficulties. The injured worker was evaluated on 09/03/2013. The injured worker reported persistent lower back pain with numbness in the left lower extremity. The injured worker also reported insomnia, frustration, anxiety, and depression. Physical examination on that date revealed paresthesia in the left foot with palpable muscle spam. The treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM 0.25 MG #21:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. From the documents submitted for review, there is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.