

<b>Case Number:</b>	CM13-0068195		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Sports Medicine 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 48-year-old female who reported an injury on 04/17/2000. The mechanism of injury was not specifically noted. The injured worker's medical history included Alprazolam 0.25 mg tablets, Cymbalta 60 mg tablets, Nortriptyline HCl 25 mg tablets, Baclofen 10 mg tablets, and Hydrocodone/acetaminophen 10/325 mg as of 09/05/2012. The documentation of 08/22/2013 revealed the injured worker had significant symptoms of neck pain, upper anterior chest pain, upper back pain, and bilateral upper extremity pain as well as pain at the base of the thumb. The injured worker indicated she is unable to lie down as her face would swell up and become red due to vascular pressure secondary to thoracic outlet syndrome. The physical examination revealed discomfort with range of motion of the shoulders secondary to pain. It was indicate the injured worker had been compliant and was taking the medications as prescribed. The diagnoses included facet syndrome, fibromyalgia, lesion of the lateral popliteal nerve, cervical disc disease, carpal tunnel, brachial neuritis or radiculitis NOS, cervicgia/neck pain, pain in joint unspecified, other specified arthropathy shoulder region, other affections of shoulder region not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis unspecified and other bursitis. The treatment plan included a long acting morphine of 15 mg twice a day, at night Nortriptyline 25 mg, Norco 10/325 mg 4 times a day, Cymbalta, Baclofen for muscle spasms on an as needed basis up to 3 times a day and Xanax for muscle relaxation and anxiety 2 to 3 times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM 0.25MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological or physiological dependency. The clinical documentation submitted for review indicated the injured worker had been on the medication since 2012. There was a lack of documentation of objective functional benefit as well as exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to provide the frequency for the requested medication. Given the above, the request for Alprazolam 0.25 mg #90 is not medically necessary.