

<b>Case Number:</b>	CM14-0008090		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Occupational 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:

This is a 50-year-old male with a 10/7/09 date of injury. The patient was noted to be status post left rotator cuff repair on 7/7/11, and a right TKA with postoperative physical therapy. He was apparently on Opana, Kadian, Ambien, Alprazolam and Dilaudid. As of 1/8/14, the plan was to cut the patient's Alprozolam down by half and discontinue his Ambien, decrease his Dilaudid, and to add Lexapro 10 mg daily. The patient apparently has a diagnosis of depression. The patient was seen on 1/17/14 for follow up of the right knee and left shoulder. The patient states he is off all narcotics and opiates and uses ibuprofen for pain control. Exam findings reveal bilateral crepitus of the knee with slight decrease in range of motion. There is mild tenderness over the AC joint of the left shoulder, otherwise the exam reveals no strength or sensory deficits. There is good range of motion in the shoulders bilaterally. Treatment to date: PT x16, TKA, rotator cuff repair, right ankle surgery, physical therapy, medications. A UR decision dated 1/21/14 modified the request for Alprazolam #30 to #15 given a benzodiazepine is not recommended for more than 4 weeks to allow for a taper.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPROZOLAM 0.5 MG #30:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. There is scant discussion as to why the patient is on this medication. There is no documentation of muscle spasm, and the patient is noted to have been on it beyond 4 weeks, nor is there any indication that this medication provided any functional gains. A taper was initiated to avoid withdrawal, which was appropriate. Regarding the request as submitted, medically necessity has not been met.