

Case Number:	CM14-0105513		
Date Assigned:	09/24/2014	Date of Injury:	04/26/2006
Decision Date:	11/18/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

The patient is a 38 year old male who was injured on 04/26/2006. The mechanism of injury is unknown. Prior medication history included Fentanyl, Alprazolam, Norco, Voltaren gel and Soma. Prior treatment history has included TENS unit and massage therapy without relief. Office note dated 06/05/2014 indicates the patient complained of low back pain and left leg pain. He reported that he has no energy and due to his pain level being high, he is unable to work. On exam, there is tenderness to palpation of the lumbar paraspinal muscles as well as axial tenderness. There is stiffness and discomfort with extension. He is tender over the right SI joint, piriformis muscle and trochanter. FABER is positive bilaterally. Straight leg raise is positive on the left. He is diagnosed with failed back syndrome and SI joint pain. The patient was recommended for Alprazolam 1 mg #30 which he has been utilizing since 02/12/2014. Prior utilization review dated 06/09/2014 states the request for Alprazolam 1mg #90 is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines do not recommend benzodiazepines for long-term use due to risk of tolerance and dependence. In general, the guidelines do not recommend treatment with benzodiazepines for longer than 4-6 weeks. The clinical notes did not provide justification for the use of alprazolam outside of current guidelines. The patient has been taking alprazolam for significantly longer than the recommended duration. Additionally, the request did not include a frequency of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Alprazolam 1mg #90 is not medically necessary and appropriate.