

Case Number:	CM14-0014578		
Date Assigned:	02/28/2014	Date of Injury:	10/23/2005
Decision Date:	07/18/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 52 year old female with an injury date of 10/23/05. Based on the 11/27/13 progress report provided by [REDACTED], the patient complains of pain in the neck and lower back. The cervical spine range of motion is restricted and there is tightness in the cervical paraspinal musculature. The patient's diagnoses include a herniated cervical disk with radiculitis, a herniated lumbar disk with radiculitis, symptoms of anxiety and depression, cephalgia, and a right inguinal hernia. [REDACTED] is requesting for Alprazolam 2 mg day supply 30. The utilization review determination being challenged is dated 01/17/14. [REDACTED] is the requesting provider, and he provided three treatment reports from 09/06/13, 11/27/13, and 12/09/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 2MG DAY SUPPLY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page(s) 24 Page(s): 24.

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

Decision rationale: According to the 11/27/13 report by [REDACTED], the patient presents with pain in the neck and lower back. The request is for Alprazolam 2 mg day supply 30. The report with the request was not provided. The MTUS guidelines page 24 states, "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." It is unknown if the patient has previously taken Alprazolam and therefore it is unknown if the patient has been taking Alprazolam for more than 4 weeks. Therefore the request is not medically necessary.