

Case Number:	CM14-0014596		
Date Assigned:	02/28/2014	Date of Injury:	07/12/2010
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
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 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:

The patient is a 55 year old female, DOI 7/12/10. She has been diagnosed with bilateral carpal tunnel syndrome, rotator cuff syndrome and cervical disc disease. She has had carpal tunnel surgery and shoulder surgery. She has developed a chronic pain syndrome with a diagnosis of upper extremity chronic regional pain syndrome. She has been treated with PT, injections, acupuncture and analgesic medications. Her treating orthopedic surgeon has been dispensing Hydrocodone on a long term basis. More recently Alprazolam (a benzodiazepine) was dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM TAB 0.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 24

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , BENZODIAZIPENS, 24

Decision rationale: Chronic Pain Medical Treatment Guidelines are clear on this issue. Benzodiazepines (Alprazolam/Xanax) are not recommended for chronic conditions. They are highly addictive and tolerance quickly develops. There are other recommended classes of medications that can be utilized for chronic pain syndromes, therefore the use of Alprazolam is not medically necessary.