

Case Number:	CM14-0016174		
Date Assigned:	04/14/2014	Date of Injury:	04/12/2008
Decision Date:	05/28/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesia subspecialty in Acupuncture and Pain 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 patient is 46 year old male injured worker with date of injury 4/12/08 with ongoing low back and bilateral lower extremity pain. He is diagnosed with lumbar sprain; central canal stenosis; and bilateral radiculopathy; status-post laminectomy; foraminotomy; L5-S1 disc repaired with disc decompression and residual symptoms; irregular heartbeat; irritable bowel syndrome; sleep disorder with obstructive sleep apnea; post-traumatic stress disorder. EMG/NCS performed 1/23/13 were unremarkable. MRI of the lumbar spine dated 12/18/12 revealed. Treatment to date has included laminectomy, foraminotomy, lumbar epidural steroid injections, physical therapy, and medication management. The date of UR decision was 9/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 1MG QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiaepines Page(s): 23.

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

Decision rationale: With regard to Benzodiazepines, Chronic Pain Medical Treatment Guidelines states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Review of the medical records submitted indicate that the injured worker has been treated with Alprazolam since as early as 10/2013. As it is not recommended for long-term use, the request is not medically necessary and appropriate.