

Case Number:	CM14-0016339		
Date Assigned:	04/11/2014	Date of Injury:	11/01/1999
Decision Date:	08/18/2014	UR Denial Date:	01/13/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury on 11/01/1999, caused by an unspecified mechanism. The injured worker's treatment history included x-rays, medications and surgery. The injured worker was evaluated on 10/10/2013, and it was documented that the injured worker complained of persistent knee pain and limited flexion. The physical examination of the right knee revealed joint line tenderness. The diagnoses include right total knee arthroplasty with persistent pain. Medications included Intermezzo 3.5 mg and alprazolam 1 mg. In the documentation submitted, it was noted that the injured worker has been on alprazolam approximately since 07/16/2013; however, the provider failed to indicate outcome measurements while the injured worker was on the medication. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR ALPRAZOLAM 1MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Alprazolam..

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

Decision rationale: The requested is not medically necessary. The injured worker complained right knee pain however, the documentation stated injured worker was working and doing fine. The California MTUS Chronic Pain Treatment Guidelines state 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 four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxers. Chronic benzodiazepines are the treatment of choice in very few conditions. It also states that 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. There is ongoing documentation indicated Alprazolam 1mg prescription from at least 07/16/2013. The guidelines do not support the long term use of benzodiazepines. Therefore, the continued use of Alprazolam is not supported. As such the request is not medically necessary.