

Case Number:	CM14-0016414		
Date Assigned:	04/11/2014	Date of Injury:	04/27/2004
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
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 and Rehabilitation 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 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 59-year-old female who reported an injury on 04/27/2004. The mechanism of injury was not stated. Current diagnoses include low back pain, right shoulder pain, and myofascial pain. The injured worker was evaluated on 10/28/2013. The injured worker reported low back pain, right shoulder pain, hip pain, and cervical pain. Current medications include alprazolam, tramadol, Soma, and Cymbalta. Physical examination revealed tenderness to palpation of the lumbar spine with decreased range of motion of the cervical spine and right shoulder. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM TAB 0.25MG DAY SUPPLY 30 QTY 120: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS 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 the use to 4 weeks. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. Additionally, the injured worker has utilized alprazolam since 02/2013. Guidelines do not recommend long term use of this medication. Therefore, the request is not medically necessary and appropriate.