

Case Number:	CM14-0017229		
Date Assigned:	04/14/2014	Date of Injury:	10/30/2001
Decision Date:	05/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 48-year-old female who reported an injury on 10/30/2001. The mechanism of injury was not stated. The current diagnosis is failed back surgery syndrome. The injured worker was evaluated on 01/22/2014. The injured worker reported persistent lower back pain. The injured worker reported improvement in symptoms with the current medication regimen. Current medications include Xanax 2 mg. Physical examination revealed an antalgic gait and restricted range of motion. 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 2MG DAY SUPPLY 30 QTY90: Upheld

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

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

Decision rationale: The 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 for 4 weeks. The injured worker does not maintain a

diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. The injured worker has utilized Xanax 2 mg since 07/2013. Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. As such, the request for Alprazolam tab 2mg day supply 30 qty90 is not medically necessary.