

Case Number:	CM14-0017442		
Date Assigned:	04/14/2014	Date of Injury:	06/12/1998
Decision Date:	05/30/2014	UR Denial Date:	01/24/2014
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 and Rehabilitation 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 48-year-old female who reported an injury on 06/12/1998. The mechanism of injury was not stated. The current diagnoses include severe chronic pain syndrome, past history of upper extremity chronic regional pain syndrome, opioid tolerant state, left sacroiliitis, and right cervical radiculitis. The injured worker reported increasing numbness in bilateral upper extremities, with right cervical pain. The injured worker has been previously treated with epidural steroid injections and an intrathecal pump implantation. Physical examination revealed limited cervical spine range of motion, positive Spurling's maneuver, positive axial head compression bilaterally with guarding, numbness in the fingertips bilaterally, diffuse upper extremity weakness, and negative pathologic reflexes. The treatment recommendations at that time included continuation of current medication, including Xanax 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 2 MG, QUANTITY: 120, 30-DAY SUPPLY - TIMES 2 MONTHS:

Upheld

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

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

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. It is also noted, the injured worker has utilized Xanax 2 mg, 3 times daily, since 09/2013. The medical necessity for the ongoing use of this medication has not been established. Guidelines do not recommend long-term use of this medication. Therefore, the current request is not medically appropriate.