

Case Number:	CM14-0019116		
Date Assigned:	04/21/2014	Date of Injury:	06/29/1990
Decision Date:	07/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational 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:

According to the records made available for review, this is a 65-year-old male with a 6/29/90 date of injury, and status post 360 disc surgery 1992, status post removal of two discs 1991, status post disc surgery 1990, and status post IDET 02. At the time (1/27/14) of request for authorization for Alprazolam 1 mg, there is documentation of subjective (moderate to severe back pain) and objective (antalgic gait, moderate lumbar spasms, lumbar tenderness, positive Patrick's Faber, positive SLR, limited lumbar ROM, decreased knees and ankle/foot strength) findings, current diagnoses (COAT, radiculopathy thoracic or lumbosacral, failed back surgery syndrome, muscle spasms, myalgia and myositis, and lumbar spondylosis w/o myelopathy), and treatment to date (ESI, TPIs, and medications (including Alprazolam (since at least 9/11/13), Baclofen, Norco, ibuprofen, Lidoderm 5%, and Gabapentin)). 1/4/14 medical report identifies the medications help reduce pain (from 9/10 to 4/10) and help patient's function.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 1MG: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of COAT, radiculopathy thoracic or lumbosacral, failed back surgery syndrome, muscle spasms, myalgia and myositis, and lumbar spondylosis w/o myelopathy. In addition, there is documentation that current medications help reduce pain and increase function. However, given documentation of use of Alprazolam since at least 9/11/13, there is no documentation of a stated rationale for long-term usage of Alprazolam. Therefore, based on guidelines and a review of the evidence, the request for Alprazolam 1 mg is not medically necessary.