

Case Number:	CM14-0112794		
Date Assigned:	08/01/2014	Date of Injury:	02/05/2001
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/18/2014

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 is licensed to practice in Texas. 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 patient is a 65 year old female who sustained an industrial injury on 2/05/2001, now more than 13 years 7 months postdate of injury. According to the PTP progress report dated 6/25/2014, she is re-evaluated for bilateral cervical pain radiating to bilateral shoulders with occipital headaches, bilateral radial forearm numbness and paresthesias radiating to bilateral hands. Review of 5/21/2014 was consistent with her medications and history. She reports 4-7/10 pain. Current medications are Lyrica, naproxen, Cymbalta, Xanax, omeprazole, docusate, and hydrocodone. She is status post left CTR in 2008 and right CTR in 2007. ROS is negative. Examination reveals cervical paraspinal tenderness, restricted ROM of cervical spine and upper extremities, 5/5 muscle strength except for bilateral deltoid, wrists, triceps, grip and interossei, intact sensation except for decrease along bilateral forearms. The 13 diagnoses relate to cervical spine, myofascial pain, shoulders, s/p bilateral CTR, and bilateral upper extremity overuse. Plan/recommendations include EMG/NCS study, physical therapy, prescriptions for hydrocodone, Lyrica and alprazolam, and follow-up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the guidelines, Xanax is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. It is not recommended for long-term use. The medical records do establish the patient has any of the conditions for which this medication may be considered appropriate to treat. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Based on these factors, the medical necessity of Alprazolam is not established. Therefore the request is not medically necessary.