

Case Number:	CM14-0117903		
Date Assigned:	08/06/2014	Date of Injury:	01/03/2003
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 injured worker is a 62-year-old female who reported an injury on 01/03/2003. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc degeneration, lumbar degenerative disc disease, and cervical degenerative disc disease/radiculitis. The previous treatments included medication. The medication regimen included Norco and alprazolam. Within the clinical note dated 04/18/2014 it was reported the injured worker complained of right side of neck/shoulder pain which she rated 8/10 in severity. She complained of low back pain which she rated 6/10 in severity. On the physical examination the provider noted tenderness to palpation over the paracervical muscles, and trigger point myospasms. The provider indicated the injured worker had tenderness to palpation over the paralumbar muscles, and trigger point myospasms. The provider requested Norco and alprazolam. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25mg: Upheld

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

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

Decision rationale: The request for Alprazolam 0.25 mg is not medically necessary. The California MTUS Guidelines do recommend Alprazolam for long term use due to long term efficacy being unproven, and there is risk of dependence. The guidelines also recommend the limited use of Alprazolam to 4 weeks. The injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short-term use of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78,81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Alprazolam 0.25 mg is not medically necessary. The California MTUS Guidelines do recommend Alprazolam for long term use due to long term efficacy being unproven, and there is risk of dependence. The guidelines also recommend the limited use of Alprazolam to 4 weeks. The injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short-term use of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.