MAXIMUS Federal Services

Case Number:	CM14-0120785		
Date Assigned:	08/06/2014	Date of Injury:	12/09/2008
Decision Date:	09/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 61-year-old female with a reported date of injury on 12/09/2008. The mechanism of injury was noted to be from a trip and fall. Her diagnoses were noted to include status post cervical discectomy and fusion from C4-7 with partial corpectomies, lumbosacral sprain/strain with history of multilevel lumbar spondylosis, and probably sacroiliitis to the right side. Her previous treatments were noted to include surgery, physical therapy, cervical epidural injections, and medications. The Progress Note dated 03/28/2014 revealed the injured worker had started her physical therapy for her lower back and seemed to be somewhat better. The physical examination of the cervical spine demonstrated functional range of motion and limitation with lateral bending. The examination of the lumbar spine demonstrated focal tenderness at the lumbosacral junction and tenderness along the superior iliac crest bilaterally. There was marked tenderness along the sacroiliac joint on the right side and she had an exclusively tender FABER test on the right side. The Request for Authorization Form dated 07/08/2014 was for Prosom 2 mg at bedtime to sleep #30 and Alprazolam 0.5 mg 3 times a day for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg # 30: 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 request for Prosom 2 mg #30 is not medically necessary. The injured worker was prescribed this medication for sleep. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Alprazolam 0.5mg # 90: 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 request for Alprazolam 0.5 mg #90 is not medically necessary. The injured worker was prescribed this medication for anxiety. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. The combination of Prosom and Alprazolam is not warranted due to multiple benzodiazepines. Therefore, the request is not medically necessary.