

Case Number:	CM14-0135184		
Date Assigned:	08/29/2014	Date of Injury:	12/18/2003
Decision Date:	09/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine and Pulmonary Diseases 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 57 year old female who reported injury on 12/18/2003. The mechanism of injury was not provided. Diagnoses included post traumatic neck pain, upper back pain, lower back pain with underlying degenerative disc disease, and surgical fusion of 3 discs in her neck. The past treatments were not noted. Surgical history noted carpal tunnel surgery in 1991. The progress note, dated 08/09/2014, noted the injured worker complained of severe lower back pain shooting into her leg. The physical exam noted the injured worker had severe low back pain, a positive straight leg raise, tenderness, and normal reflexes. Medications included Hydrocodone 10/325mg 2 tablets 4 times a day #240, Butrans patch 1 patch every week, Gabapentin 200 mg twice daily #60, and Alprazolam 0.25mg as needed #60. The treatment plan included a recommendation for an MRI of the lumbar spine. The Request for Authorization form was dated 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25mg p.o. Quantity: 60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

Decision rationale: The request for Alprazolam 0.25 mg p.o. quantity 60 with no refills is not medically necessary. The injured worker had neck, upper back, and lower back pain. The California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven, there is a risk of dependence, and long-term use may actually increase anxiety. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly, and tolerance to anxiolytic effects occurs within months. The guidelines state a more appropriate treatment for anxiety disorder is an antidepressant. Additionally, Benzodiazepines are not recommended over other antispasmodic drugs due to the rapid development of tolerance and dependence. There was no subjective or objective documentation of anxiety, or indications for an alternative use of the medication. There was no indication as to how long the injured worker has been using Alprazolam. There was no indication of the intended frequency of the medication to determine medical necessity. As such, the request for Alprazolam 0.25 mg p.o. quantity 60 with no refills is not medically necessary.