

Case Number:	CM14-0138372		
Date Assigned:	09/05/2014	Date of Injury:	02/05/2001
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 55-year-old female with a 2/25/01 date of injury, status post right carpal tunnel release in 2007, and status post left carpal tunnel release in 2008. At the time (7/23/14) of request for authorization for Alprazolam 1mg 1 tablet by mouth every day 4 times a day as needed #45 with 1 refill for the cervical and upper extremities, there is documentation of subjective (bilateral cervical spine pain radiating to bilateral shoulders with occipital headache, bilateral radial forearm numbness, and paresthesias radiating to bilateral hands) and objective (tenderness upon palpation of bilateral cervical paraspinal muscles, lower worse than upper and shoulders, bilateral upper extremity ranges of motion restricted by pain in all directions, cervical range of motion restricted by pain in all directions, Tinel's at elbow positive bilaterally, and muscle strength 5/5 in all limbs except for bilateral deltoid, wrist extensors, triceps, wrist flexors, grip and interossei showed bilateral weakness) findings, current diagnoses (cervical sprain/strain, cervical facet joint arthropathy/facet joint pain, cervical degenerative disc disease, cervical disc protrusion, cervical stenosis, cervical radiculopathy, cervical generic headache, rule out bilateral cubital tunnel, status post bilateral carpal tunnel release surgery, myofascial pain, shoulder pain, shoulder sprain/strain, and bilateral upper extremity overuse), and treatment to date (medications (including ongoing treatment with Alprazolam, Lyrica, Naproxen, Cymbalta, Omeprazole, Docusate, and Norco)). Medical report identifies Alprazolam provides 80% decrease of patient's anxiety. There is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Alprazolam use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg 1 tablet by mouth every day 4 times a day as needed #45 with 1 refill for the cervical and upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 24, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 cervical sprain/strain, cervical facet joint arthropathy/facet joint pain, cervical degenerative disc disease, cervical disc protrusion, cervical stenosis, cervical radiculopathy, cervical generic headache, rule out bilateral cubital tunnel, status post bilateral carpal tunnel release surgery, myofascial pain, shoulder pain, shoulder sprain/strain, and bilateral upper extremity overuse. However, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition, despite documentation that Alprazolam provides 80% decrease of patient's anxiety, there is no documentation 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 as a result of Alprazolam use to date. Based on guidelines and a review of the evidence, the request for Alprazolam 1mg 1 tablet by mouth every day 4 times a day as needed #45 with 1 refill for the cervical and upper extremities is not medically necessary.