

Case Number:	CM14-0145177		
Date Assigned:	09/12/2014	Date of Injury:	09/16/2011
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 48 year old female who was injured on 09/16/11 while emptying a waste bag when she felt low back radiating in to the right groin area and hip. Current diagnoses include lumbar sprain/strain; status post right hip labral tear surgery on May 6, 2013, and inguinal hernia. Clinical note dated 06/19/14 indicated the injured worker complains of constant low back pain rated as 6/10, radiating to the right lower extremity with numbness and tingling, and constant right hip pain rated as 8/10. The injured worker continues to have sleep difficulty with loss of 2 night sleep in a row. Examination of the lumbar range of motion revealed flexion of 30 degrees, right lateral flexion of 10 degrees, and left lateral flexion of 10 degrees. Right hip range of motion examination was deferred due to pain. Clinical note dated 08/04/14 indicated the injured worker complains of constant low back pain radiating to the right lower extremity with numbness and tingling, with pain level at 4/10, and constant right hip pain level at 7/10. Examination of the lumbar range of motion revealed flexion of 35 degrees, extension of 10 degrees, right lateral flexion of 15 degrees, and left lateral flexion of 15 degrees. Right hip range of motion revealed flexion of 40 degrees, extension of 10 degrees, abduction of 10 degrees, adduction of 10 degrees, internal rotation of 10 degrees, external rotation of 10 degrees, and orthopedic testing deferred due to pain. Management plan include a prescription of Ambien 10mg, Oxycodone 20mg, and Alprazolam 1mg. The previous request for Alprazolam was non-certified on 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to 4 weeks. 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 an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. Further, the request for Alprazolam does not include the dosage and quantity of the medication. As such, the request for the medication Alprazolam cannot be recommended as medically necessary at this time.