

Case Number:	CM14-0185738		
Date Assigned:	11/13/2014	Date of Injury:	12/06/2005
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Practice, 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:

This is a 60-year-old male claimant who sustained a work injury on October 15, 2012 involving the wrists neck and low back. He was diagnosed with cervical ridiculous, lumbar multilevel disc protrusions and subclinical carpal tunnel syndrome. His pain has been treated with anti-inflammatories and cyclobenzaprine from muscle relaxation. A progress note on September 12, 2014 indicated the claimant had 6- 10/10 pain. He had benefited from prior lumbar epidural steroid injections in May 2014. Exam findings were notable for tenderness to palpation in the lumbar spine is processes. A straight leg raise test was positive on the right side. He was continued on his anti-inflammatory medications along with Cyclobenzaprine. He had been on Cyclobenzaprine for at least 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the claimant had been on a benzodiazepine (Xanax) for several years. Long-term use of benzodiazepines is not recommended. There was no indication of a trial of other medications such as antidepressants or serotonin re-uptake inhibitors. The request for Xanax above is not medically necessary.