

<b>Case Number:</b>	CM14-0020463		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	05/22/2000
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 55-year-old male who has submitted a claim for chronic pain syndrome, lumbar degenerative disc disease and post-laminectomy syndrome with axial pain associated with an industrial injury date of 5/22/2000. Medical records from 2013 were reviewed which revealed pain in the lumbar and thoracic area. Axial pain was also noted. Pain was rated 3-7/10 depending on activity level. Alleviating factors include, stretching, lying down and heat. Aggravating factors include standing, bending, rotating and position changes. Physical examination showed tenderness in paraspinous muscle all through the lower thoracic and lumbar region. Lower extremities has no discrete motor or sensory loss. Treatment to date has included a lumbar laminectomy. Medications taken include Neurontin, Lyrica, Cymbalta, Oxycontin, Dilaudid and Alprazolam. The utilization review from 1/23/14 modified the request of Alprazolam 1 mg to allow gradual tapering of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPERAZOLAM TABLETS 1 MG :DAYS SUPPLY :30:QUANTITY :30 (1 TABLET DAILY): 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 Benzodiazepine Page(s): 24.

**Decision rationale:** As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, patient has been using Alprazolam, a benzodiazepine since 7/11/13. However, long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for ALPRAZOLAM TABLETS 1 MG :DAYS SUPPLY :30:QUANTITY :30 (1 TABLET DAILY): is not medically necessary.