

Case Number:	CM14-0021883		
Date Assigned:	05/09/2014	Date of Injury:	10/02/2009
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 2, 2009. Thus far, the applicant has been treated with opioids agents, anxiolytic agents, a TENS unit, unspecified amounts of physical therapy over the life of the claim, an earlier lumbar spine surgery and extensive periods of time off of work. In a Utilization Review Report dated February 17, 2014, the claims administrator approved a request for Hydrocodone while partially certifying a request for Xanax, reportedly to facilitate weaning purposes. The claims administrator cited non-MTUS ODG Guidelines in its decision to deny Xanax. The applicant's attorney subsequently appealed. A December 2, 2013 progress note, handwritten, was somewhat difficult to follow and notable for comments that the applicant was permanent and stationary. The applicant did have ongoing complaints of low back pain and did not appear to be working at that point in time. The applicant was using Hydrocodone, Xanax, and Prozac, it was stated. Both Hydrocodone and Alprazolam were renewed. In a July 15, 2013 progress note, the applicant was described as presenting with chronic low back pain issues. The applicant was described as using Xanax or Alprazolam on a nightly basis. The applicant was still smoking, it was noted. The applicant was described as using Xanax or Alprazolam on an earlier note of March 18, 2013, again on a nightly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5MG #30 WITH 3 REFILLS: Upheld

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

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

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Alprazolam or Xanax are not recommended for long-term use purposes, for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Most guidelines, the California MTUS notes, limit usage of benzodiazepines such as Xanax or Alprazolam to four weeks. In this case, however, the applicant appears to have used Alprazolam or Xanax for what now amounts to several months, with no mention of medication efficacy raised on any recent progress note provided. Long-term usage of Alprazolam is not indicated in this context. Therefore, the request is not medically necessary.