

Case Number:	CM14-0024495		
Date Assigned:	06/11/2014	Date of Injury:	10/19/2000
Decision Date:	08/05/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/26/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60-year old male who sustained an injury on 10/19/00 when he slipped and fell injuring his left knee. The injured worker had an extensive history of surgical interventions for the left knee with ongoing complaints of left knee pain. Current diagnoses include knee pain and hip/pelvic pain. The most recent clinical note dated 08/07/13 indicated the injured worker complained of increasing pain to bilateral knees and left hip. Treatment plan includes continuation of home exercise program and medication regimen which included Ambien Controlled Release 2.5mg, Vicodin 10mg, and Xanax 1mg. The initial request for Alprazolam tablets 1mg #60 was non-certified by utilization review on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM TABLETS 1 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 23.

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 because long-term efficacy is unproven

and there is a risk of dependence. Most guidelines limit use to four weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such, the request for Alprazolam tablets 1 MG #60 is not medically necessary.