

<b>Case Number:</b>	CM14-0024887		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/17/2008
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 8/17/08 after being hit by a falling tree limb. She injured her left shoulder and collar bone. Later she was diagnosed with fracture of left clavicle which later was complicated by non-union and hardware failure, left brachial plexopathy, depression, insomnia, and chronic shoulder pain. She was treated with surgery (clavicle), physical therapy, functional restoration program, benzodiazepines, opioids, psychiatrist referral, and antidepressants. The worker reportedly had been weaning herself down on the dose of her opioids, but that her total medication use, including alprazolam, seemed to "help her", according to her pain management physician's notes. An x-ray of the left shoulder revealed fracture of the orthopedic plate. On 1/15/14, she was seen for a follow-up by her pain management physician complaining of her chronic left shoulder pain and they discussed the upcoming visit with her surgeon to discuss possible surgery on the left clavicle. She reported continuing to take her usual medications which included alprazolam, Norco, and hydroxyzine. She was then advised to see the surgeon and continue her medications and to continue to see a psychiatrist for her depression. No discussion of how the worker used alprazolam nor the specific benefit was discussed in the notes available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5 mg #60, 30 day supply with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. The worker in this case had clearly been using this medicine for more than the recommended duration. Regardless of the use and benefit for this worker, it is not medically recommended to be used chronically and is necessary without evidence to suggest otherwise, which was not seen in the documents provided for review.