

Case Number:	CM14-0025354		
Date Assigned:	06/11/2014	Date of Injury:	06/21/2011
Decision Date:	07/18/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation 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 30-year-old male who reported an injury on 06/21/2011. The clinical documentation indicated the injured worker had been utilizing medication since 06/2013. The mechanism of injury was stated to be the injured worker was on top of a box at about 4 feet high and was pulling on a box and fell back onto his back into the bed of a truck. Prior treatments included physical therapy, chiropractic as well as acupuncture therapy, infrared therapy, therapeutic exercises, and acupressure and trigger point manual therapy. The documentation of 04/07/2014 revealed the injured worker had neck pain and low back pain. The diagnoses included cervical, lumbar, and right wrist sprain, insomnia, depression, constipation, sexual insufficiency, anxiety/stress, and gastritis. The treatment plan included Norco 10/325 mg 1 by mouth twice a day #60 for severe pain, Naproxen 550 mg 1 by mouth twice a day #60 for inflammation and pain, Prilosec 20 mg 1 by mouth twice a day 60 for stomach protection, and Alprazolam 0.5 mg 1 by mouth at bedtime dispense 30 for anxiety and stress as well as Menthoderm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5MG #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of objective functional benefit. The continued use would not be supported. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Therefore, the request for Alprazolam 0.5 mg #30 is not medically necessary.