

Case Number:	CM14-0025889		
Date Assigned:	06/13/2014	Date of Injury:	12/16/2009
Decision Date:	07/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Interventional Spine, 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 61 year old with an injury date on 12/16/09. Based on the 12/16/13 progress report provided by [REDACTED] the diagnoses are: 1. Right shoulder pain status post rotator cuff arthroscopic repair 10/11/2010 and 3/1/2012. Status post reverse total shoulder arthroplasty on 3/28/2013. 3. Left shoulder pain, retracted rotator cuff tear on MRI 4. Depression and anxiety disorder related to pain. Most recent physical exam on 9/24/13 showed "patient is depressed, anxious, crying frequently. In severe discomfort. Gait normal. Limited range of motion in right shoulder in forward flexion at 95 degrees. Severe tenderness on anterior right shoulder." [REDACTED] is requesting clinical escalation alert received for benzodiazepine use for greater than 30 days alprazolam 5mg days, supply 30 quantity 60. The utilization review determination being challenged is dated 1/28/14 and rejects request as treater regularly prescribed alprazolam from 1/28/13 to 1/6/14 and MTUS only recommends 4 weeks. [REDACTED] is the requesting provider, and he provided treatment reports from 7/10/13 to 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLINICAL ESCALATION ALERT RECEIVED FOR BENZODIAZEPINE USE FOR GREATER THAN 30 DAYS. ALPRAZOLAM 0.5MG, DAYS SUPPLY 30, QUANTITY 60: Upheld

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

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

Decision rationale: This patient presents with severe depression/anxiety, pain in bilateral shoulders, radiating to bilateral biceps and is s/p right shoulder joint replacement from March 2013. The treater has asked clinical escalation alert received for Benzodiazepine use for greater than 30 days Alprazolam 5mg days, supply 30 quantity 60 but no RFA included in provided reports. Patient is taking Xanax on 12/16/13, and has tried Cymbalta, Lexapro, Effexor, Paxil, and Prozac in the past, and is reluctant to try more meds due to severe side effects. Review of the reports does not show any evidence of taking alprazolam in the past. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, patient has responded negatively to several antidepressants and the treater has prescribed Alprazolam. However, the treater does not indicate that this is to be used for short-term. Furthermore, this patient struggles with chronic pain, depression/anxiety issues and there is no discussion as to how this medication is to be tapered off. The request is not medically necessary.