

<b>Case Number:</b>	CM14-0026780		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/21/2002
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Minnesota. 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 67-year-old who reported an injury on January 21, 2002 due to an unknown mechanism. The injured worker had a diagnoses of post-traumatic stress disorder and bi-polar disorder. The injured worker had previously been taking citalopram with failed results. The progress note dated May 7, 2014 stated the injured worker to be extremely fragile, profoundly depressed and having crying spells every day. The note also stated she cried through the entire visit. The injured worker had not been on any medications at the time of that visit. Lexapro 10mg one daily was prescribed at that time. No other medications were reported. The rationale and request for authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF ALPRAZOLAM:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The document submitted for review lacks information on the injured worker. The injury occurred January 21, 2002. The document submitted for review reported a couple of progress notes with no history of past medications, mechanism of injury, date of birth, other diagnoses or problems. The document submitted did not state if the injured worker has been treated for post traumatic stress disorder and bi-polar in the past or was it a new diagnoses. The Chronic Pain Medical Treatment Guidelines states do not recommend for long term use because long term efficacy is unproven and there is a risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions. The document submitted does not report if the injured worker has a history of depression and post traumatic stress disorder. Also the request submitted is lacking directions for taking and the quantity. The request for an unknown prescription of Alprazolam is not medically necessary or appropriate.