

Case Number:	CM14-0032365		
Date Assigned:	06/20/2014	Date of Injury:	10/15/1998
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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, 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 injured worker is a 59-year-old female with a reported date of injury on 10/15/1998. According to the documentation the injured worker developed lupus along with other employees while employed. The injured worker presented with right medial elbow pain, hip pain, complaints of sleep, and issues with fatigue. In addition, the injured worker complained of muscle spasms, paresthesias, memory loss, anxiety, and susceptibility to infections. Upon physical examination, the injured worker presented with full range of motion of all 4 extremities without evidence of warmth or effusion. According to the clinical information, the injured worker previously participated in aquatic therapy and physical therapy, the results of which were not provided within the documentation available for review. The clinical information indicated the injured worker utilized Alprazolam prior to 10/06/2009. The injured worker's diagnoses included systemic lupus, hypertension, dyslipidemia, fibromyalgia, and depression. The injured worker's medication regimen included Atenolol, Celebrex, CellCept, Evoxac, Flector patch, Lidoderm patches, Lipitor, Lovaza, Lyrica, Norvasc, Protonix, Ropinirole, Wellbutrin ER, and Xanax. The Request for Authorization for clinical escalation alert for benzodiazepine use for greater than 30 days/Alprazolam 0.25 mg, day supply 90, quantity: 270 was not submitted. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinical escalation alert for benzodiazepine use for greater than 30 days-Alprazolam 0.25 mg, Days Supply 90, Quantity: 270: 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 California MTUS Guidelines state that benzodiazepines are not recommended for longterm use because longterm effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative, hypnotic, and anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. According to the documentation available for review, the injured worker has been utilizing alprazolam prior to 10/06/2009. There is a lack of documentation related to the therapeutic benefit in the longterm utilization of Alprazolam. The guidelines do not recommend Alprazolam for longterm use, most guidelines limit use to 4 weeks. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for clinical escalation alert for benzodiazepines used for greater than 30 days/Alprazolam 0.25 mg day supply 90, quantity: 270 is not medically necessary.