

<b>Case Number:</b>	CM14-0041541		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old male with a 8/26/98 date of injury. At the time (2/27/14) of request for authorization for Alprazolam 1 mg, 30 days supply, #60 with 1 refill, there is documentation of subjective (lumbar spine and cervical spine pain; pain rated 8/100, associated numbness and tingling; chronic that has resulted in depression and anxiety) and objective (tightness in the paravertebral musculature, moderate tenderness, slight tenderness in the trapezius bilaterally, limited range of motion, neck extension and rotation causes ipsilateral junctional discomfort; thoracic spine tenderness, positive carpal, cubital and Guyon's canal Tinel's; lumbar spins moderate tightness and tenderness) findings, current diagnoses (spinal stenosis in cervical region, lesion of ulnar nerve, cervical spondylosis with myelopathy, spondylosis with myelopathy lumbar, thoracic/lumbar neuritis/radiculitis, carpal tunnel syndrome), and treatment to date (medications (including Tramadol, Anaprox, Nexium, Ambien, Fioricet, and Alprazolam (since at least 12/13)), TENS, massage, exercises, and aquatic therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg, 30 days supply, #60 with 1 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:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of spinal stenosis in cervical region, lesion of ulnar nerve, cervical spondylosis with myelopathy, spondylosis with myelopathy lumbar, thoracic/lumbar neuritis/radiculitis, carpal tunnel syndrome. However, given documentation of records reflecting prescriptions for Alprazolam since at least 12/13, there is no documentation of the intention to treat over a short course (less than 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Alprazolam 1 mg, 30 days supply, #60 with 1 refill is not medically necessary.