

Case Number:	CM14-0041825		
Date Assigned:	06/30/2014	Date of Injury:	10/27/2005
Decision Date:	08/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 10/27/2005. The mechanism of injury was not provided. Her diagnoses include status post anterior cervical discectomy and fusion, status post arthroscopic right shoulder rotator cuff repair, status post right carpal tunnel release, gastrointestinal complaints, hypertension, and stress syndrome. Her past treatments included surgeries and medications. On 02/19/2014, the injured worker presented with complaints of neck and upper extremity pain. The physical examination revealed tenderness to palpation of the paraspinal muscles add positive spasm, as well as decreased range of motion of the cervical spine. Her medications were noted to include diclofenac XR, gabapentin, tramadol ER, alprazolam ER, and omeprazole. The treatment plan included medication refills. It was noted that alprazolam ER was used for sleep. The Request for Authorization form was submitted on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam ER #30: 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: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use, usually no more than 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. The clinical information submitted for review failed to provide documentation to indicate the duration of use of alprazolam ER, but the 02/19/2014 note indicated that the request was for a refill of medication and not initiation of this medication. Further, the documentation indicated that her medications helped. However, as the injured worker is taking multiple medications for multiple conditions, further details would be needed indicating the specific efficacy of alprazolam ER. In the absence of documentation showing efficacy, and as the guidelines specifically state this medication is not recommended for use longer than 4 weeks, the request is not supported. In addition, the request failed to indicate a dose and frequency. For the above reasons, the request is not medically necessary.