

Case Number:	CM14-0050406		
Date Assigned:	07/21/2014	Date of Injury:	07/14/2011
Decision Date:	09/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, anxiety disorder, and chronic pain syndrome reportedly associated with an industrial injury of July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and anxiolytic medications. In a Utilization Review Report dated March 7, 2014, the claims administrator partially certified a request for alprazolam, reportedly for weaning purposes. The claims administrator stated that the applicant's treating provider was amenable to partial certification for weaning purposes. It was suggested that the applicant was, in fact, using alprazolam for anxiety. The applicant's attorney nevertheless appealed. In a handwritten note dated February 11, 2014, difficult to follow, not entirely legible. The applicant apparently presented to attend some sort of documentation. The applicant was given diagnosis of anxiety disorder, chronic pain syndrome, and chronic low back pain. It appears that Alprazolam and Hydrocodone were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg, days supply 90, quantity #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge the anxiolytic such as Alprazolam may be appropriate for brief periods, in cases of overwhelming symptoms, so as to facilitate an applicant's recoup emotional and/or physical resources, in this case, however, the 90 tablets, 90-day supply of alprazolam being sought implied that the attending provider intended to employ the same for chronic, long-term, and/or scheduled use purposes. Such usage, however, is incompatible with ACOEM. No rationale for a variance from the guidelines was proffered by the attending provider. Therefore, the request was not medically necessary.