

Case Number:	CM14-0052678		
Date Assigned:	07/09/2014	Date of Injury:	04/26/2006
Decision Date:	08/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Medicine and is licensed to practice in California & Nevada. 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 63 year old male injured on 04/26/06 due to reported cumulative trauma while performing normal job duties. Current diagnoses include status-post right carpal tunnel release, status-post right rotator cuff tear repair, bilateral impingement syndrome, bilateral cubital tunnel syndrome, and bilateral pronator tunnel syndrome. Clinical note dated 03/24/14 indicates the injured worker presenting complaining of right hand pain and left shoulder pain described as sharp, stabbing and throbbing. Physical examination revealed good grooming and personal hygiene, mental status normal with appropriate mood and affect, alert and oriented times 3, with no other findings noted. The injured worker was prescribed Alprazolam 0.5 mg once daily and Tylenol #3 300/30 twice daily. The initial request for Alprazolam 0.5 mg #15 was initially non-certified on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Therefore, the request for Alprazolam 0.5mg #15 is not medically necessary and appropriate.