

Case Number:	CM14-0067524		
Date Assigned:	07/11/2014	Date of Injury:	10/24/2012
Decision Date:	10/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Psychiatry and Neurology 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 35-year-old male with a 10/24/12 date of injury. At the time (4/8/14) of the request for authorization for Alprazolam 0.5mg, days supply 30, quantity 20, there is documentation of subjective (lumbar pain and flex posture persists) and objective (stands with a forward flex posture of the lumbar spine, tenderness diffusely present in the lumbar spine with decreased lumbar lordosis noted, and active motion of the lumbar spine shows forward flexion 45 degrees, extension to neutral, with pain) findings, current diagnoses (other and unspecified disc disorder lumbar region, spinal stenosis lumbar region without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis unspecified), and treatment to date (medication including Alprazolam for at least 7 months). There is no documentation of the intention to treat over a short course (less than four weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg, Days supply 30, quantity 20 times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of other and unspecified disc disorder lumbar region, spinal stenosis lumbar region without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis unspecified. However, given documentation of records reflecting prescriptions for Alprazolam since at least 10/9/13, there is no documentation of the intention to treat over a short course (less than four weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Alprazolam. Therefore, based on guidelines and a review of the evidence, the request for Alprazolam 0.5mg, days supply 30, quantity 20 is not medically necessary.