

Case Number:	CM14-0071835		
Date Assigned:	06/30/2014	Date of Injury:	08/25/2010
Decision Date:	08/28/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 & 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 38-year-old female who reported injury on 08/28/2010 due to continuous trauma. The injured worker has diagnoses of cervical spine disc herniation at C3-4, C4-5, C5-6, and C6-7 with severe central and lateral stenosis, cervical spine disc protrusion, 2 mm at C3-4, severe spinal cord compression with myelomalacia, C4-5, C5-6, and C6-7, partial Brown-Sequard Syndrome, bilateral right greater than left upper and lower extremity myeloradiculopathy, status post right shoulder rotator cuff repair, saddle hyperesthesia/vulvar hyperesthesia, lumbar disc syndrome, and sciatic neuritis. The injured worker's past treatment includes physical therapy, a home exercise program, and medication therapy. Diagnostics include an electromyography that was obtained on 01/19/2011 that revealed abnormal findings with consistent peripheral neuropathy, and an MRI of the cervical spine on 07/21/2012 that revealed no significant interval changes since prior study. The injured worker underwent right shoulder rotator cuff repair in 10/2011. The injured worker complained of ongoing cervical spine pain with spasms along the neck and back. The injured worker reported pain that radiated along the arms with numbness and weakness into both hands. The injured worker rated her pain at a 9/10 with a constant burning sensation with medications. The physical examination dated 02/26/2014 revealed that the injured worker's right shoulder surgical scar was healed. The injured worker's neck movements were guarded during the examination. It was revealed that the injured worker had a shoulder abduction of 5-/5 on the right, shoulder flexion of 5-/5, elbow extension 4/5, and abductor pollicis brevis of 4/5. The left side revealed a shoulder abduction of 4/5, shoulder flexion of 4/5, elbow extension 4/5, and an abductor pollicis brevis of 4/5. Deep tendon reflexes bilaterally of the biceps, brachioradialis, and triceps were 4+. The injured worker's medications include Vicodin, ibuprofen, Neurontin, and alprazolam. The duration,

frequency, and dosage were not documented in the submitted report. The treatment plan is for the injured worker to continue alprazolam 0.5 mg for 30 days, for the purpose of weaning to discontinue with a reduction of 10% over a weaning period of 2 to 3 months. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5MG days 30 quantity 60 modified for the purpose of weaning to discontinue with a reduction of ten percent over a weaning period of 2-3 months, 2 units requested, one approved.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-Benzodiazepines.

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

Decision rationale: The request for Alprazolam 0.5MG days 30 quantity 60 modified for the purpose of weaning to discontinue with a reduction of ten percent over a weaning period of 2-3 months is non-certified. The injured worker complained of ongoing cervical spine pain with spasms along the neck and back. The injured worker reported pain that radiated along the arms with numbness and weakness into both hands. The injured worker rated her pain at a 9/10 with a constant burning sensation with medications. The California MTUS Guidelines do not recommend benzodiazepines (Alprazolam) for long term use and most guidelines limit use to 4 weeks. Given the above, it is not recommended by the MTUS that alprazolam be given to the injured worker. It is only recommended for short term use. The submitted documentation dated 10/07/2013 revealed that the injured worker had been on alprazolam since at least this time, revealing that the injured worker had been taking this medication for about 11 months, exceeding the recommended MTUS Guidelines of 4 weeks. Furthermore, there was a lack of efficacy of the medication to support continuation. As such, the request for alprazolam 0.5 mg is not medically necessary.