MAXIMUS Federal Services

Case Number:	CM14-0080762		
Date Assigned:	07/18/2014	Date of Injury:	12/23/2001
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 Interventional Spine 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 patient is a 53-year-old female with an injury date of 12/23/01. The 04/08/14 report by Dr. [redacted] states that the patient presents with post-operative right knee pain and soreness. Upon examination, the right knee reveals the operative incision is healing well with no evidence of infection. The sutures remain intact. The 02/24/14 report by Dr. [redacted] discusses the patient's mental state. The patient's diagnoses include 1. Status post anterior lumbar interbody fusion L3-4 (04/10/06) 2. Status post right knee arthroscopy (04/02/14) 3. Status post prior arthroscopic subtotal medial, meniscectomy, anterior synovectomy, lateral release, and chondroplasty (09/10/08) 4. Left knee, sprain/strain 5. Mood disorder due to Medical Condition. Current medication is stated as Vicodin and Flexeril, Risperdal, Prosam and Xanax. The utilization review date being challenged is dated 05/14/14. The rationale is that Benzodiazepines are indicated for short-term treatment to allow time for other treatments to take effect. Alprazolam and Prosom are modified to no refills. Treatment reports from 10/23/12 to 05/27/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM 0.5 MG #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 24, 66.

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

Decision rationale: The patient presents with post- operative right knee pain and soreness. The patient is requesting for Alprazolam 0.5 mg #90 with 2 refills. The 05/14/14 utilization review modified this request to 0 refills. No treatment reports state how long the patient has been taking this medication. The 02/24/14 report by Dr. [redacted] states that she was taking Xanax. There are references to medications dispensed by other physicians for psychiatric purposes, but no treatment reports indicate Xanax or Alprazolam prior to 02/24/14. MTUS guidelines page 24 on Benzodiazepines state that it is 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. The request for authorization form dated 05/08/14 indicates that the medication is intended for the treatment of a depressive disorder with psychological factors affecting medical condition. The 02/24/14 report by Dr. [redacted] also indicates this medication for depression and anxiety. In this case, the guidelines do not support long-term use of this medication therefore, this request is not medically necessary.

PROSOM 2 MG, # 30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Is requesting for Prosom, a benzodiazepine, with 2 refills. The 05/14/14 utilization review modified this request to 0 refills. No treatment reports indicate the patient has taken this medication previously MTUS guidelines page 24 on Benzodiazepines state that it is 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. The request for authorization dated 05/08/14 indicates that the medication is intended for the treatment of a depressive disorder with psychological factors affecting medical condition. In this case, the guidelines do not support long-term use of benzodiazepine and the treating physician does not indicate that this is for a short-term use therefore this request is not medically necessary.