

Case Number:	CM14-0082104		
Date Assigned:	07/21/2014	Date of Injury:	05/15/2013
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 Pain Management 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:

This is a 32-year-old male with a 5/15/2013 date of injury, due to a crush injury to the right hand when it was caught in an industrial refrigerator door. 5/27/14 determination was modified. There was certification for Buprenorphine, Gabapentin, and Orphenadrine. A non-certification was issued for Alprazolam given that sleep and pain relief was not an indication to prescribe the medication. Medications listed included Gabapentin, Naproxen, Pantoprazole, Baclofen, Cyclobenzaprine, Lidopro ointment, Lyrica, Oxycodone, Oxycontin, and Topiramate. 6/6/14 progress note identified a request for addiction medicine consultation. 6/4/14 second opinion medical report identified evidence of mild right C6-7 radiculopathy, right anterior scalene brachial plexus irritability, right radial tunnel syndrome, and right carpal tunnel syndrome. 6/3/14 progress report by [REDACTED] revealed pain in the right hand and right arm area. There was difficulty sleeping, depression, withdrawal from family and friends, excessive weight gain, nausea, vomiting, indigestion, pain in other areas of the body, headaches, fatigue, and difficulty performing daily activities. Exam revealed tenderness at the right lateral epicondyle and medial epicondyle, tenderness on the extensor compartment. There was some difference of sensations in both upper extremities. Radial deviation, ulnar deviation restricted on right side as well as flexion and extension. He was hypersensitive to the metacarpals area, tenderness on the metacarpals second, third, and fourth on deep palpation. The provider prescribed OxyContin, Ambien, and Lyrica. 5/27/14-5/30/14 functional restoration program weekly report revealed that the patient missed three days the prior week and has an abrupt midday absence from the program. Medications included Lyrica, pantoprazole, and naproxen. 5/16/14 appeal letter identified a request for Buprenorphine, Gabapentin, Norflex, and Alprazolam. The provider stated that he has already discontinued the medication (Alprazolam) and has not prescribed it for long term. The patient suffered from sleeping difficulties as a result of the chronic pain. There

was difficulty with onset and maintenance of sleep and described the quality of the sleep as irregular and broken. The insomnia had a global negative impact on his overall function. To address the sleep issue, the patient was prescribed Alprazolam. This was discontinued due to the risk of addiction as the patient needed to be stable both psychologically and in terms of medication regimen during the functional restoration program. The request was for a retrospective authorization of the drug for DOS 4/22/14. 4/29/14 medical report identified that the patient was out of the Xanax and he took the last one the night before. The provider stated that the medication was not to be refilled as he was taking up to 4 tablets a day and he run out early. 4/22/14 identified a prescription for Alprazolam. On exam the patient noted racing heartbeat and anxiety. The provider stated that he intended to wean off the Alprazolam in about 3-4 weeks after he is stable on Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg 1 tablet twice daily #16: Overturned

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The patient had chronic pain and increasing difficulties with sleep. The patient had insomnia which led to a global negative impact on his overall function. The provider intended to use Alprazolam for short-term until the patient was more stable on medications. In addition, the provider noted that the patient took the medication in excess of what was prescribed and ran out early, hence the medication was discontinued. In this context, the initial prescription of Alprazolam is medically necessary, more so, when there were only 16 tablets prescribed and there was discontinuation after medication non-compliance. Therefore, this request is medically necessary.