

Case Number:	CM14-0082767		
Date Assigned:	07/21/2014	Date of Injury:	04/17/1997
Decision Date:	09/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 Medicine and is licensed to practice in Ohio and Texas. 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 50-year-old male who reported an injury due to sneezing while carrying a heavy load and descending a step on 04/17/1997. On 05/05/2014, his diagnoses included lumbar spondylosis without myelopathy, subacromial bursitis, and carpal tunnel syndrome, and lumbar radiculopathy, cervical spondylosis without myelopathy, pain/fibromyositis/myalgia, lumbago, sciatic nerve neuralgia, cervicalgia, shoulder pain, and insomnia with sleep apnea. He was being seen for a follow-up on shoulder, wrist, lumbar, neck, and bilateral leg pain. He described the pain as burning nerve pain, burning muscle pain, sharp joint pain with movement, which was constant and did not radiate to any other part of the body. His medications included Methadone 10 mg, Norco 10/325 mg, Neurontin 800 mg, Alprazolam 1 mg, Celebrex 200 mg, Paxil 20 mg, and Protonix 40 mg. There was no rationale included in this worker's chart. A Request for Authorization dated 05/08/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Pain, Benzodiazepines.

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

Decision rationale: The request for Alprazolam 1 mg #60 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines 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 range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The submitted documentation revealed that this worker has been using alprazolam since 12/06/2013, which exceeds the recommendations in the guidelines of 4 weeks. Additionally, the request did not specify the frequency of administration. Therefore, this request for Alprazolam 1 mg #60 is not medically necessary.