

Case Number:	CM14-0083047		
Date Assigned:	07/21/2014	Date of Injury:	11/30/2006
Decision Date:	10/14/2014	UR Denial Date:	04/30/2014
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 & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 11/30/2006 due to the injured worker losing her balance, falling backwards, and hitting her head on the shelf. The injured worker has a diagnosis of chronic pain; major depression, single episode; depressive disorder, not otherwise specified; and ADHD. Past medical treatment consists of surgery, physical therapy, injection therapy, and medication therapy. Medications include Wellbutrin, Lexapro, Xanax, and Adderall. There were no pertinent diagnostics submitted for review. On 04/11/2014, the injured worker complained of increased cervical spine pain with decreased range of motion. Physical examination revealed that the injured worker had tenderness to palpation at the cervical spine and trapezius muscles with spasm. There was also decreased left lateral rotation. The treatment plan is for the injured worker to continue the use of medications. 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:

Retrospective request: Alprazolam 1 mg # 30 DOS 10/10/13: Upheld

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

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

Decision rationale: The request for retrospective alprazolam (Xanax) is not medically necessary. The California MTUS Guidelines do not recommend the use of the benzodiazepines for long term use because long term efficacy is unproven and there are risks of dependence. Most guidelines limit use to 4 weeks. The submitted documentation did not indicate the initial start date of the alprazolam (Xanax) for the injured worker. Furthermore, there was a lack of efficacy of the medication documented to support continued use and the frequency was not provided in the request as submitted. Given the above, the injured worker was not within the MTUS recommended guidelines. As such, the request for retrospective alprazolam was not medically necessary.

Retrospective request: Alprazolam 1 mg # 30 DOS 12/10/13: Upheld

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

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

Decision rationale: The request for retrospective alprazolam (Xanax) is not medically necessary. The California MTUS Guidelines do not recommend the use of the 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 injured worker had been prescribed Xanax since at least 11/09/2013, exceeding the recommendation for short term use. Furthermore, the documentation lacked efficacy of the medication to support continued use and the request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker was not within the recommended MTUS guidelines. As such, the request for retrospective alprazolam was not medically necessary.

Retrospective request: Alprazolam 1 mg # 30 DOS 1/14/14: Upheld

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

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

Decision rationale: The request for retrospective alprazolam (Xanax) is not medically necessary. The California MTUS Guidelines do not recommend the use of the 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 injured worker had been prescribed Xanax since at least 11/09/2013, exceeding the recommendation for short term use. Furthermore, the documentation lacked efficacy of the medication to support continued use and the request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker was not within the recommended MTUS guidelines. As such, the request for retrospective alprazolam was not medically necessary.

Retrospective request: Alprazolam 1 mg # 30 DOS 02/18/14: Upheld

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

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

Decision rationale: The request for retrospective alprazolam (Xanax) is not medically necessary. The California MTUS Guidelines do not recommend the use of the 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 injured worker had been prescribed Xanax since at least 11/09/2013, exceeding the recommendation for short term use. Furthermore, the documentation lacked efficacy of the medication to support continued use and the request as submitted did not indicate the duration or frequency of the medication. Given the above, the injured worker was not within the recommended MTUS guidelines. As such, the request for retrospective alprazolam was not medically necessary.