

<b>Case Number:</b>	CM14-0086836		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 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 injured worker is a 42-year-old male who reported injury on 08/06/2013 due to a motor vehicle accident. The injured worker has diagnoses of cervical spine degenerative disc disease; chronic mild back pain with thoracic spine degenerative disc disease; and chronic lower back pain with lumbosacral degenerative disc disease, with left L4-5 annular disc tear. The injured worker's past treatment includes Toradol Spinal Injections, which were done on 04/11; physical therapy sessions, 9 completed; a home exercise program; and medication therapy. Diagnostics include CT scan of the cervical spine and x-rays of both knees. The injured worker complained of low back pain. He stated that it worsened since his last visit. There was no measurable pain level documented in the submitted progress report. Physical examination dated 05/19/2014 revealed that the injured worker had numbness along the left side of the body. There was also generalized tenderness extending from mid to low back, especially along the LS spine. It was noted that there were no apparent neurological deficits. The submitted report lacked any motor strength evidence or range of motion findings. The injured worker's medications include Cymbalta, Abilify, Xanax, and the use of Norco 20 mg. There was no documentation of duration, dosage, or frequency on the medications. The treatment plan is to encourage the injured worker to continue exercises, as previously instructed by the physical therapist. Benefits of physical therapy previously maximized. The injured worker was also encouraged to apply ice periodically to a painful area of the back until symptoms subside. The injured worker was also told to continue with the alprazolam 0.5 mg. 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 #30/30DS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Pharmacotherapy; ANXIOLYTICS, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines : Pain (updated 05/15/14) Xanax (Alprazolam).

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

**Decision rationale:** The request for Alprazolam 0.5 mg #30/30DS is not medically necessary. The injured worker complained of low back pain. He stated that it worsened since his last visit. There was no measurable pain level documented in the submitted progress report. 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 documentation provided did not specify how long the injured worker had been taking this medication. Reports only state that a drug screen dated 10/08/2013 was positive for Alprazolam. Given the above, that indicates that the injured worker has been taking this medication for about 10 months, exceeding the recommended MTUS guidelines of 4 weeks. There was also a lack of efficacy of the medication to support continuation. The request as submitted failed to provide the frequency and duration. As such, the request for alprazolam 0.5 mg #30/30 DS is not medically necessary.