

Case Number:	CM14-0094821		
Date Assigned:	07/25/2014	Date of Injury:	11/06/1986
Decision Date:	09/12/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine 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 patient is a 60-years old male who has developed chronic low back pain subsequent to an injury dated 11/06/86. He has been diagnosed with low back pain secondary to a disc protrusion causing moderate spinal stenosis. He is treated with oral analgesics. Use of Norco is documented to diminish pain levels from 8/10 VAS to 3-4/VAS. Improved function is documented from Norco use. A component of depression is documented and low dose Lexapro is being trialed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Alprazolam 0.5mg b.i.d. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Benzodiazepines; Low Back complaints.

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

Decision rationale: MTUS Guidelines do not recommend the long term use of Benzodiazepines beyond a 4 week time span. This is due to the quick development of tolerance and the highly addictive potential of this class of drugs. There are alternate medications that can be utilized for many of the diagnosis Benzodiazepines are utilized for. There are no unusual circumstances to

justify an exception to Guideline recommendations. The Alprazolam .5mg. #60 is not medically necessary.

RETRO Valium 5mg b.i.d. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Benzodiazepines; Low Back complaints.

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

Decision rationale: MTUS Guidelines do not recommend the long term use of Benzodiazepines beyond a 4 week time span. This is due to the quick development of tolerance and the highly addictive potential of this class of drugs. There are alternate medications that can be utilized for many of the diagnosis Benzodiazepines are utilized for. There are no unusual circumstances to justify an exception to Guideline recommendations. The Valium 5mg. twice per day #60 is not medically necessary.