

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0096431 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 12/26/2009 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

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 Anesthesiology, 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:

According to the records made available for review, this is a 48-year-old female with a 12/26/07 date of injury, and status post cervical decompression and fusion 12/29/09, right shoulder surgery 3/30/09, and right foot surgery 2000. At the time (6/18/14) of request for authorization for Alprazolam 0.5mg #90, there is documentation of subjective (constant moderate to severe neck pain which radiates down both arms, into the hands, with associated numbness and tingling; severe right shoulder pain, moderate left shoulder pain; constant moderate bilateral elbow pain, constant moderate to severe bilateral wrist pain, constant severe lower back pain which radiates down both legs; trouble sleeping due to overall symptoms and anxiety) and objective (restricted cervical spine range of motion, tenderness, bilateral shoulders decreased range of motion, tenderness, breakaway weakness in the supraspinatus, bilateral elbow tenderness at the lateral and medial epicondyle, olecranon and common extensor tendons, bilateral wrist tenderness and minimally positive Finkelsteins test, low back decreased range of motion, tenderness) findings. The current diagnoses includes degenerative disc disease and disc protrusion of the cervical spine, status post C5-6 anterior decompression and fusion, associated bilateral upper extremity radiculitis; bilateral shoulder impingement syndrome; bilateral elbow lateral epicondylitis associated with common extensor tendonitis, bilateral wrist without any obvious associated structural abnormalities, mild to moderate facet spondylosis and possible mild degenerative disc disease plus potential disc protrusion of the lumbar spine, chronic pain syndrome. The treatment to date includes physical therapy, activity modification, and medications. There is no documentation of the intention to treat over a short course (less than 4 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #90: Upheld

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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.pdr.net

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Medical treatment guidelines support alprazolam for the management of anxiety disorders or short-term relief of anxiety symptoms, and treatment of panic disorder, with or without agoraphobia. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease and disc protrusion of the cervical spine, status post C5-6 anterior decompression and fusion, associated bilateral upper extremity radiculitis; bilateral shoulder impingement syndrome; bilateral elbow lateral epicondylitis associated with common extensor tendonitis, bilateral wrist without any obvious associated structural abnormalities, mild to moderate facet spondylosis and possible mild degenerative disc disease plus potential disc protrusion of the lumbar spine, chronic pain syndrome. In addition, there is documentation of anxiety. However, there is no documentation of the intention to treat over a short course (less than 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Alprazolam 0.5mg #90 is not medically necessary.