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| Case Number: | CM14-0193385 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 06/20/2011 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Interventional Spine 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 50 year old female with a date of injury of 6/20/14. Per treating physician report dated 10/23/14, the patient present with left shoulder, left wrist/hand, left elbow, neck, and low back pain. The patient also complains of anxiety, stress and depression. Treatment history includes medications, surgery, physical therapy, and injections. The patient is considered permanent and stationary. Report dated 9/11/14 states that the patient continues with pain rated as 7.5/10. Pain increased to 8/10 or higher at night. There is tingling in the left arm and fingers. Left shoulder range of motion was decreased with pain and drop arm test was positive. The patient is s/p left shoulder lysis of adhesions and release of contracture on 1/31/14 and s/p left shoulder arthroscopy and rotator cuff repair on 7/26/12. This is a request for Alprazolam 1mg #30. The Utilization review denied the request on 10/29/14. Treatment reports from 4/24/14 through 10/27/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam Tab 1 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG0 Chronic Pain Chapter

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

Decision rationale: This patient present with left shoulder, left wrist/hand, left elbow, neck, and low back pain. The current request is for Alprazolam Tab 1mg #30. The progress reports provided for review do not discuss the medication Alprazolam. The Utilization review letter states that this medication was "prescribed and the pharmacy dispensed Alprazolam 1mg #30, 30 day supply on 6/8/14, 5/19/14, 4/16/14." The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 24 states, "Benzodiazepines are not recommended for long term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks." This patient has been prescribed this medication since at least 4/16/14. In this case, the patient has been taking this medication on long-term basis, and California MTUS does not support long-term use of benzodiazepines. This request is not medically necessary.