

Case Number:	CM14-0198555		
Date Assigned:	12/09/2014	Date of Injury:	03/01/2010
Decision Date:	01/21/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 27-year-old male who sustained a work related injury on 3/01/2010. The mechanism of injury described was moving a heavy fountain and feeling a pop in his low back. He has the following diagnoses: lumbar discogenic disease, chronic low back pain, annular tear at L5-S1, and status post L5-S1 posterolateral fusions and interbody fusions. Prior treatment has included a lumbar spine fusion on 1/25/2013. He has been on chronic benzodiazepines and muscle relaxants and potent narcotics for several years. A 7/17/2014 progress note's physical exam noted the following pertinent positives: antalgic gait, restricted range of motion, and tenderness over the bilateral hardware. His motor strength was intact at a 5/5. His work status was described as permanent and stationary on a recent qualified medical exam. A utilization review physician did not recommend the continuation of Alprazolam at its current dose and strength. He recommended weaning. An independent medical exam was requested to determine the medical necessity of Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg, 1 by mouth twice a day #60/30 day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 58, 100.

Decision rationale: In accordance with the California MTUS guidelines, benzodiazepines are "not recommended 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 guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for Alprazolam is not medically necessary.