MAXIMUS Federal Services

Case Number:	CM14-0204673		
Date Assigned:	12/16/2014	Date of Injury:	06/27/2006
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice and is licensed to practice in New Jersey. 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 59 year-old male who was injured on 6/27/06 when a 600 pound celing tile fell on him. He complained of lower back pain with left lower extremity pain. He complained of sleep difficulties. He was diagnosed with lumbosacral spondylosis without myelopathy, displacement of cervical and lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, neck and low back pain, brachial neuritis, and disorder of the trunk. He had epidural injections without relief. He had lower back surgery in 2009 which failed to relieve symptoms and then in 6/2011 which required a revision due to a malpositioned cage. A 5/2014 MRI showed a solid L3-5 fusion but compression of L5 and S1 nerve roots. His medications included Lyrica, Norco, Pamelor, Baclofen, and Alprazolam. The current request is for Alprazolam which was denied by utilization review on 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam Tab 1mg #45: Upheld

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

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

Decision rationale: The request for Alprazolam is not medically necessary. Alprazolam is a Benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks which the patient has exceeded. His 9/2014, 10/2014 UDS was negative for Alprazolam. Therefore, the request is considered not medically necessary.