

Case Number:	CM14-0076049		
Date Assigned:	03/09/2015	Date of Injury:	11/12/2010
Decision Date:	04/14/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old male, who sustained an industrial injury on November 12, 2010. The diagnoses have included left lower back pain likely secondary to left SI joint irritation, left lumbosacral myofascial pain, left anterolateral hip pain, mild status post labral tear and repair surgery two years ago and anxiety on and off likely secondary to the chronic pain. Treatment to date has included pain medication, labral tear repair surgery two years ago. Currently, the injured worker complains of low back, left SI joint and left anterior hip pain. In a progress note dated April 17, 2014, the treating provider reports tenderness to palpation on the left sacroiliac joint and left PSIS area, positive Patrick test on the left side and decreased range of motion of the lumbar spine. On May 14, 2014 Utilization Review non-certified a Alprazolam 1mg one tablet daily as needed for anxiety quantity 30, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alorazolam 1 mg, One Tablet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 4/17/14 progress report provided by the treating physician, this patient presents with lower back pain, left SI joint pain, and left anterolateral hip pain. The treater has asked for ALPRAZOLAM 1 MG ONE TABLET #30 on 4/17/14 "for anxiety." Patient is status-post left hip labral tear repair surgery from two years ago. The patient's diagnoses per Request for Authorization form dated 9/18/14 include regional lower back pain, anxiety. The patient was prescribed Lorazepam for anxiety on 3/27/14 report, and the patient has been receiving this medication through his primary care physician for the previous two months per 3/27/14 report. The patient's work status is not included in the provided documentation. Regarding Benzodiazepines, MTUS page 24 states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)" In this case, the patient has a chronic pain condition along with anxiety. The patient was taking lorazepam on 3/27/14 report, but has been taking Alprazolam for the previous 2 months per 4/17/14 report. However, guidelines still limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. Furthermore, the request for Alprazolam does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.