

<b>Case Number:</b>	CM15-0005999		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/20/1995
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on January 12, 1996. The injured worker has reported back pain, low back pain, and lumbar complaints and has been diagnosed with a 7 mm disc herniation at L4-5, neck pain felt to be discogenic and relating to the 3 mm disc bulge at C6-7, possibility of thoracic outlet syndrome, and lumbosacral spine. Treatment to date included medical imaging, physical therapy, acupuncture therapy, and pain medications. Currently the injured worker complains of back pain, low back pain, and lumbar complaints. The treatment plan included medications and an epidural steroid injection. On January 6, 2015 Utilization Review non certified Alprazolam 1 mg # 30 with 3 refills citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1 mg 1 po qd #30 3 refills:** 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 rationale:** MTUS, Chronic Pain Medical Treatment Guideline were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the 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. 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. According to the clinical documentation provided and current MTUS guidelines; the Alprazolam / Xanax, as noted above, is not indicated a medical necessity to the patient at this time.