

Case Number:	CM15-0108386		
Date Assigned:	06/18/2015	Date of Injury:	07/24/2014
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 36 year old male who sustained an industrial injury on 7/24/14 when he tried to remove a piece of glass from a car, pushing with both arms he felt a pop followed by a sharp pain in the upper back, chest and rib cage. He felt chest pressure and was unable to move or breathe. He was medically evaluated and given medications, x-rays and work restrictions. He then received physical therapy, acupuncture and an MRI to his thoracic area. He had a prior back injury in 2011. He currently complains of sharp, shooting upper back pain and dull achy low back pain both with a pain level of 7/10 without medications and 2/10 with medications; dull achy bilateral shoulder pain, right greater than left and bilateral wrist hand pain associated with radiating pain, tingling and numbness to fingers with a pain level of 4/10 without medications and 0/10 with medications; bilateral dull, achy knee pain with a pain level of 6/10 without medications and 2/10 with medications. On physical exam of the thoracic spine there was tenderness on palpation of the bilateral trapezii and thoracic paravertebral muscles from C7 to T13 with tenderness to the left anterior lower intercostal, decreased range of motion; the lumbar spine exhibits decreased range of motion with tenderness to palpation to the lumbar paravertebral muscles, Kemp's is present, straight leg raise and Yeoman's causes pain; shoulder exhibit pain with range of motion and tenderness to palpation of the trapezius bilaterally; wrists show painful range of motion with tenderness to palpation of dorsal, lateral, medial and volar wrist; bilateral knees exhibit painful range of motion and tenderness to palpation of the anterior knees. Medications are Anaprox, Prilosec, Tramadol and alprazolam. Diagnoses include intercostal sprain/ strain; thoracic, lumbosacral, right shoulder, left shoulder, right and left wrist, right and left knee sprain/ strain; lumbar radiculopathy; rule out lumbar disc protrusion.

Diagnostics include MRI of the lumbar spine (1/31/15) demonstrating posterior annular tear, posterior disc protrusion; MRI of the thoracic spine (12/20/14) demonstrating no abnormalities. In the progress note dated 2/24/15 the treating provider's plan of care includes a request for alprazolam 0.5 mg # 60 for stress, anxiety and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam .5 MG Qty 60: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case, which could be managed with antidepressant. Therefore the use of Alprazolam 0.5mg QTY: 60.00 is not medically necessary.