

<b>Case Number:</b>	CM15-0144297		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 50 year old female who sustained an industrial injury on 12-18-09. Initial complaints and diagnoses are not available. Treatments to date include medications, cervical and lumbar surgery, and psychological counseling. Diagnostic studies include a MRI of the lumbar spine and left wrist. Current complaints include anxiety and depression, as well as mid back, low back, neck, and left hand pain. Current diagnoses include anxiety, depression, limb pain, and post-laminectomy syndrome. In a progress note dated 07-02-15 the treating provider reports the plan of care as medications including Norco, and acupuncture. The requested treatment includes alprazolam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg tab #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

**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. In this case, the patient has been diagnosed with major depression. Therefore, the use of Alprazolam 0.5mg QTY:60 with 2 refills is not medically necessary.