

<b>Case Number:</b>	CM15-0145670		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/27/2003
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: North Carolina

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 is a 53 year old male with an industrial injury dated 05-27-2003 and cumulative trauma 05-28-2003 to 12-22-2011. His diagnoses included cervical strain with degenerative disease and cervicobrachial radiculitis, right shoulder recurrent bursitis with acromioclavicular joint pain, left shoulder impingement syndrome and chronic pain syndrome. Prior treatment included medications. He presents on 06-10-2015 for follow up of his work related injury to his neck, low back, bilateral shoulders, bilateral arms and bilateral wrists. He was taking Tramadol and Alprazolam, which did help him. He was not attending therapy and was not working. Physical exam of the right shoulder revealed positive Neer's test, Hawkins's maneuver, impingement sign and O'Brien's test. Tenderness was present about the acromioclavicular joint. Treatment plan included Alprazolam and return as needed. The treatment request is for Alprazolam 1 mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #30 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 muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason, the request is not certified. Therefore, the requested treatment is not medically necessary.