

<b>Case Number:</b>	CM15-0169222		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/03/2008
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 54-year-old female sustained an industrial injury to the back and neck on 12-3-08. Previous treatment included physical therapy, epidural steroid injections, injections, transcutaneous electrical nerve stimulator unit, psychological care and medications. Documentation did not disclose recent magnetic resonance imaging. In a note dated 4-2-15, the injured worker complained of low back pain with radiation to bilateral lower extremities and cervical spine pain, 7 out of 10. The treatment plan included continuing medications (Alprazolam, Soma, Propranolol, Zoloft and Vicodin). In a progress note dated 7-7-15, the injured worker complained of pain to the low back and neck, rated 7 out of 10 on average, worst pain at 10 out of 10 at worst and least pain at 4 out of 10. The injured worker reported that medications helped improve functioning and quality of life. Physical exam was remarkable for cervical spine tenderness to palpation at the facets from C1-7 bilaterally and with pain upon range of motion and lumbar spine with pain to the lumbar facets bilateral from L3-S1, tenderness to palpation to the greater trochanteric bursa and pain upon range of motion. Current diagnoses included lumbago, cervicgia, lumbar spine radiculopathy, thoracic spine pain, lumbar spine spondylosis without myelopathy, neuralgia, chronic pain syndrome, hip osteoarthritis and hip pain. The treatment plan included lumbar facet joint injections at bilateral L3-4 and L4-5 and continuing medications (Duexis, Alprazolam and Norco). On 8-10-15, Utilization Review modified a request for Alprazolam 2mg #60 to a one-month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

**Decision rationale:** Alprazolam is a benzodiazepine class medication. According to the MTUS guidelines, benzodiazepines are not recommended for long-term use for chronic pain because the long-term efficacy is unproven and there is a risk of dependence. Guidelines recommend limiting use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions and tolerance occurs within weeks. ODG has similar recommendations for benzodiazepine use. The recent medical documentation indicates the patient has been on the medication for an extended period of time, exceeding the 4 week recommended limit. The treating physician provides insufficient justification for use of benzodiazepines, as there is no objective evidence of functional improvement in the recent documentation. The documentation does state that taking medications reduces the patient's pain, but the patient is on multiple medications which are not separately evaluated, and the documented pain ratings do not appear to appreciably have decreased over the most recent treatment notes. The treating physician does not provide any alternative indications for use. Therefore, the request for Alprazolam 2mg #60, is not medically necessary.