

Case Number:	CM15-0190401		
Date Assigned:	10/02/2015	Date of Injury:	06/11/2015
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 47 year old female, who sustained an industrial injury on June 11, 2015. The injured worker was diagnosed as having lumbar sprain and strain along with hip and thigh sprain and strain. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the right hip, hip injection, acupuncture, and chiropractic therapy. In a progress note dated August 20, 2015 the treating physician reports complaints of pain to the hip and low back. Examination August 20, 2015 performed on was revealing for decreased range of motion to the lumbar spine, decreased sensation to the right lower extremity, positive straight leg raise to the right, tenderness to the lumbar paraspinal muscles bilaterally, spasms, positive Kemp's testing bilaterally, decreased motor strength to the hamstring, slow gait, and a guarded limp to the left lower extremity. The progress note did not include any symptoms of anxiety. On August 20, 2015 the injured worker's current medication regimen included Norco and Alprazolam since at least June of 2015. In a Doctor's First Report on August 10, 2015 the physician noted complaints of stress, anxiety, and depression along with pain to the low back and right hip. The Doctor's First Report also noted a request for a psychiatric evaluation, but the documentation provided did include any psychiatric evaluation. On August 20, 2015 the treating physician requested Alprazolam 1mg with a quantity of 60 for anxiety and noted current use of this medication. On August 28, 2015 the Utilization Review determined the request for Alprazolam 1mg with a quantity of 60 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Alprazolam 1 mg twice daily on an ongoing basis for since June 2015. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Alprazolam 1mg #60 is excessive and not medically necessary. It is to be noted that the UR physician modified the request to #40 for purpose of safe taper.