

Case Number:	CM15-0198879		
Date Assigned:	10/14/2015	Date of Injury:	03/15/2012
Decision Date:	11/23/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 3-15-2012. Medical records indicate the worker is undergoing treatment for lumbar disc displacement, lumbar radiculopathy, lumbar sprain-strain and rule out left knee meniscus tear. A recent progress report dated 8-27-2015, reported the injured worker complained of constant, sharp, throbbing low back pain and dull left knee pain and stiffness. Physical examination revealed decreased and painful lumbar range of motion with tenderness to palpation of the paravertebral muscles with spasm. The left knee showed tenderness to palpation. Treatment to date has included Tramadol, Voltaren, Sonata, Alprazolam, compounded creams and Cyclobenzaprine. On 8-27-2015, the Request for Authorization requested Alprazolam 1mg #60 as needed for anxiety. On 9-11-2015 the Utilization Review non-certified the request for Alprazolam 1mg #60 as needed for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60 1 by mouth as needed for anxiety: Upheld

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

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 section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Alprazolam 1mg #60 1 by mouth as needed for anxiety is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar sprain strain; rule out lumbar disc protrusion; left knee sprain strain; and left knee meniscal tear. Date of injury is March 15, 2012. Request for authorization is September 3, 2015. According to a psychiatric progress note dated November 16, 2012, current medications included Ativan 2 mg b.i.d., Ambien and Effexor. According to a July 24, 2015 psychiatric progress note, current medications remain Ativan 2 mg, Ambien and Effexor. According to an orthopedic progress note dated August 27, 2015, subjective complaints of lumbar and left knee pain. The treating provider (orthopedist) prescribed Alprazolam. There was no documentation the treating orthopedic provider reviewed the injured worker's current medication list. The psychiatrist was still prescribing Ativan. There is no clinical indication or rationale for the concurrent use of two benzodiazepines. There was no acknowledgment by the treating orthopedist that the injured worker was already receiving Ativan. Ativan was continued well in excess of the recommended guidelines (not recommended for long-term use). There were no compelling clinical facts to support the ongoing use in excess of the recommended guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for the concurrent use of two benzodiazepines, and treatment with benzodiazepines continued well in excess of the recommended guidelines (longer than two weeks) without compelling clinical facts, Alprazolam 1mg #60 1 by mouth as needed for anxiety is not medically necessary.