

<b>Case Number:</b>	CM15-0206421		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/01/1999
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old male, who sustained an industrial-work injury on 3-1-99. He reported initial complaints of neck and bilateral shoulder pain. The injured worker was diagnosed as having spine pain, arthritis, osteoarthritis, knee pain, lumbago, cervicgia, thoracic spine pain, post-cervical surgery syndrome, headache, chronic pain syndrome, circadian rhythm sleep disorder, sciatica, cervical disc degeneration, lumbar spinal stenosis, anxiety and depression. Treatment to date has included medication, lumbar interlaminar epidural, surgery posterior fusion and cervical ACDF (anterior cervical discectomy and fusion). Currently, the injured worker complains of pain in the lumbar spine, hips, legs, sinus pain, and migraines. Pain level is 9 out of 10 currently, 5 out of 10 at best, 10 out of 10 at worst. Pain is worse in cervical and lumbar region. Medications provide fair relief. Opioid use has been constant and for many years. Current drug screen reported not applicable. Meds include Alprazolam, Amitriptyline, Celexa, Fiorinal-Codeine, Flurazepam, Lidocaine patch, and Topamax. He is unemployed and trying to file for disability. Per the primary physician's progress report (PR-2) on 9-16-15, exam noted lumbar muscle tenderness, spasm, abnormal range of motion for age, negative straight leg raise, positive sciatica, mild diffuse tenderness to knee with mild swelling, joint deformity, and normal gait. Current plan of care includes medication refill. The Request for Authorization requested service to include Alprazolam 1mg 1 tablet at bedtime #30. The Utilization Review on 10-15-15 modified the request for Alprazolam 1mg 1 tablet at bedtime #30 to permit weaning to discontinue, modification certification duration is 1-2 months to allow for tapering, per CA

MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Alprazolam 1mg 1 at bedtime #30:** Overturned

**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 rationale:** The claimant has a remote history of a work injury in March 1999 and is being treated for neck, low back, and bilateral hip, wrist, hand, and ankle and foot pain. He has a history of an anterior cervical decompression and fusion. Lumbar spine surgery is being recommended. When seen, pain was ranging from 5-10/10. He was having migraines. Medications were providing fair pain relief. Physical examination findings included a normal body mass index. There was diffuse mild osteoarthritis. There was lumbar tenderness and pain with movement. There was bilateral sciatica. There was minimal if any bilateral sacroiliac joint tenderness. There was mild left lower extremity swelling and pain with range of motion. Medications were prescribed with a medication list of 28 items including Alprazolam 1 mg TID. In May 2015 2 mg TID was being prescribed. The claimant has a history of long-term use of this medication. Alprazolam is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. Gradual weaning is recommended for long-term users, usually over a period of several months. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. The dose prescribed represents intended weaning. Continued gradual weaning would be expected. The request is considered medically necessary.