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| Case Number: | CM15-0022456 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 01/30/2010 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 02/06/2015 |

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

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:

The injured worker is a 31 year old female, who sustained an industrial injury on 1/30/10. She has reported back pain. The diagnoses have included chronic low back pain postoperative, anxiety and panic attacks and gastrointestinal complaints. Treatment to date has included lumbar surgery, TENS unit, aqua therapy, oral medications and transdermal medications. (MRI) magnetic resonance imaging of lumbar spine performed on 8/21/13 revealed small degrees of scoliosis, hemangioma, disc desiccation, mild hypertrophy of facet joints and L5-S1 post-surgical changes without solid interbody fusion. Currently, the injured worker complains of low back pain. Physical exam dated 9/2/14 revealed tenderness to lumbar paraspinal muscle with healed surgical incision. On 1/16/15 Utilization Review non-certified Alprazolam 0.5mg #150, noting the medication is not recommended for long term use. The MTUS, ACOEM Guidelines was cited. On 1/28/05, the injured worker submitted an application for IMR for review of Alprazolam 0.5mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Guidelines are very specific that use of Benzodiazepines for pain, anxiety, spasm or sleep be limited to 4 weeks or less. This recommendation is due to the quick development of tolerance and highly addictive nature of this class of medications. The Guidelines point out that there are alternative medications that are effective. There are no unusual circumstances to justify an exception to Guidelines. The Alpraxolam .5mg. #150 is not supported by Guidelines and is not medically necessary.