

Case Number:	CM15-0025849		
Date Assigned:	02/18/2015	Date of Injury:	08/17/2008
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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, South Carolina

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

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 57 year old female, who sustained an industrial injury on August 17, 2008, when hit by a falling tree limb. She has reported injury to the left shoulder/collar bone. The diagnoses have included left shoulder sprain/strain, left shoulder surgery in February 2014, chronic pain syndrome, tension headaches, depression and anxiety. Treatment to date has included physical therapy, functional restoration program, home exercise program, left shoulder surgery, and medications. Currently, the injured worker complains of left shoulder pain, left hand sensitivity, headaches, depression, and disturbed sleep. The Treating Physician's report dated December 3, 2014, noted that cervical range of motion (ROM) was limited towards the left shoulder, with no swelling or edema noted around the wrist or the elbow with normal range of motion (ROM). On January 29, 2015, Utilization Review non-certified alprazolam tab 0.5mg #90, modifying the request to #30 for weaning to off over the next three months, noting that weaning was recommended on February 19, 2014, modifying the request to #30, with the request for #90 an escalation of use with no justification. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of alprazolam tab 0.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam Tab 0.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 66.

Decision rationale: According to the cited MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker's records indicate that she has been on alprazolam long-term for sleep impairment, and had been advised on February 19, 2014, to begin a weaning program. Based on the cited guidelines and medical records available, alprazolam tab 0.5mg #90 is not medically necessary or appropriate.