

Case Number:	CM15-0035824		
Date Assigned:	03/04/2015	Date of Injury:	05/10/1999
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on May 10, 1999. Her diagnoses include failed low back syndrome, bilateral carpal tunnel syndrome, status post RIGHT carpal tunnel release, left shoulder pain - status post arthroscopy, left ulnar neuritis, left lateral epicondylitis, left de Quervains tenosynovitis, and depression. She has been treated with pain, muscle relaxant, sleep, and anti-anxiety medications. On December 17, 2014, her treating physician reports she complains of persistent low back and leg pain, 10/10. She has left shoulder burning and stabbing pain, 9/10; burning and stabbing pain left hand pain with pins and needles sensation, 6/10; and left burning and shooting pain with pins and needles sensation, 9/10. Her medications help her. The physical exam revealed tenderness of the lumbar and thoracic paraspinal muscles, limited range of motion, normal muscle strength in the bilateral lower extremities, decreased sensation about the lumbar 5 dermatome, and normal bilateral lower extremities deep tendon reflexes. The treatment plan includes the tapering of the pain medication. On January 27, 2015, Utilization Review modified a prescription for Alprazolam ER 1mg #30, noting the lack of documentation of exceptional factors providing compelling rationale for treatment outside of guideline recommendations that support the use of benzodiazepines for more than 4 weeks, or the lack of documentation of the patient being under psychiatrist providing psychotropic medication management with use of non-narcotic mood stabilizers to help assist in reducing benzodiazepine dependence that would warrant ongoing use of a benzodiazepine. In addition, the concurrent use opioids that results in increased risk of significant morbidity and mortality from misuse, dependence and frank overdose. The request

was modified for the purpose of initiating a taper for discontinuation over the next 2-3 months. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam ER 1 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants Page(s): 24, 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: The patient presents with lower back pain rated 10/10, left shoulder pain rated 10/10, left hand pain rated 7/10, and bilateral leg pain rated 9/10 left and 6/10 right. The patient's date of injury is 05/10/99. Patient is status post right carpal tunnel release at a date unspecified. The request is for ALPRAZOLAM ER 1MG #30. The RFA is dated 10/01/14. Physical examination dated 10/01/14 reveals a well healed surgical scar on the right wrist, tenderness to palpation of the lumbar and thoracic paraspinal muscles, and decreased sensation to the L5 dermatome on the left. The patient is currently prescribed Ambien, Hydrocodone, Tramadol, and Alprazolam. Diagnostic imaging was not included. Patient is currently not working and is classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant medical and psychiatric complaints, the requested 30-tablet prescription does not imply short duration therapy. Furthermore, records indicate that this patient has been receiving Xanax for anxiety since at least 02/09/14. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, is not supported by guidelines. Therefore, the request IS NOT medically necessary.