MAXIMUS Federal Services

Case Number:	CM15-0048510		
Date Assigned:	03/20/2015	Date of Injury:	07/29/1998
Decision Date:	07/28/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Arizona, California
Certification(s)/Specialty: 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:

This is a 58 year old female with a July 29, 1998 date of injury. A progress note dated February 4, 2015 documents subjective complaints (nausea; significant increase in low back pain; unsteady gait; leg pain; bilateral knee pain), objective findings (able to sit more comfortably; antalgic gait, using a cane; tenderness to palpation of the lumbar spine; pain with lumbar spine range of motion; positive pelvic tilt, left hip higher; tenderness to palpation of the bilateral sacroiliac joints and left greater trochanter; positive straight leg raise on the left; wearing brace on right knee; discomfort with flexion and extension of bilateral knees; pain pattern in left S1 distribution), and current diagnoses (failed back surgery syndrome; depression and anxiety; left knee pain). Treatments to date have included medications, pool therapy, lumbar spine surgery, spinal cord stimulator, and imaging studies. The medical record indicates that the injured worker reports that the current treatment plan is working well to manage her pain and that a urine drug screen was in compliance with the prescribed medications. The treating physician documented a plan of care that included Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tablet 1mg, Qty 90.00: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Alprazolam in combination with opioids for over 6 months. Long-term use is not recommended and continued use of Alprazolam is not medically necessary.