

Case Number:	CM15-0050340		
Date Assigned:	03/23/2015	Date of Injury:	10/17/2011
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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 43 year old female, who sustained an industrial injury on October 17, 2011. She has reported neck pain, depression, anxiety, and insomnia. Diagnoses have included neck sprain, cervical spine disc displacement, and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included medications and trigger point injections. A progress note dated February 6, 2015 indicates a chief complaint of neck pain. The treating physician documented a plan of care that included medications and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requested: Alprazolam 1mg #30 type: Benzodiazepine route: Oral: 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.

Decision rationale: The claimant is more than 3 years status post work-related injury, and continues to be treated for chronic neck pain with anxiety, depression, and difficulty sleeping.

Alprazolam is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety, which may be contributing to the claimant's condition. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of alprazolam is not medically necessary.