

Case Number:	CM14-0106154		
Date Assigned:	07/30/2014	Date of Injury:	06/18/2009
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female who reported an injury on 06/18/2009. The mechanism of injury was not stated. Current diagnoses include major depressive disorder, pain disorder, status post cervical fusion, multilevel lumbar spondylosis, right knee meniscal injury, and right carpal tunnel syndrome. The injured worker was evaluated on 05/28/2014. Physical examination revealed severe dystonia, unstable gait, and severely restricted range of motion of the shoulder and neck with upper extremity weakness. Treatment recommendations included continuation of the current medication regimen of Trazodone 100 mg, Xanax 1 mg, Pepcid 20 mg, Opana ER 10 mg, and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state Benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The

injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. As such, the request for Alprazolam 1mg #30 is not medically necessary.