

Case Number:	CM14-0120138		
Date Assigned:	09/16/2014	Date of Injury:	12/20/2004
Decision Date:	10/23/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/30/2014

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 Internal Medicine and is licensed to practice in California. 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 51 year old female who is reported to have sustained work related injuries on 12/20/04. The mechanism of injury is not described. The records reflect that the injured worker is status post a revision right carpal tunnel release, left carpal tunnel release, left cubital tunnel release. Diagnoses are listed as bilateral CMC (Carpometacarpal) synovitis, right cubital tunnel syndrome and right upper extremity complex regional pain syndrome. Physical examination dated 08/11/14 revealed diffuse tenderness over the right upper extremity, near full mobility, impingement sign is equivocal at the left shoulder, Tinel's sign and elbow flexion tests are positive at the right cubital tunnel negative at the left, slight lateral epicondylar tenderness on the right, mild lateral epicondylar tenderness on the left. Tinel's and Phalen's signs are equivocal at the carpal tunnels bilaterally, mild CMC (Carpometacarpal) tenderness bilaterally. The record includes a utilization review determination dated 07/14/14 in which a request for Alprazolam 0.5 milligrams quantity ninety was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tablet 0.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Baillargeon, 2003; Ashton, 2005

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

Decision rationale: The submitted clinical records indicate that the injured worker has multiple complaints involving the bilateral upper extremities. The record does not contain any clinical notes from the prescriber providing the rationale for the provision of this medication. The CA MTUS does not support the long term use of benzodiazepines in the treatment of chronic pain. Given the lack of detailed information medical indication has not been established. Therefore, the request for Alprazolam tablet 0.5 mg #90 is not medically necessary and appropriate.