

<b>Case Number:</b>	CM14-0144426		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/21/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 61-year-old female, who has submitted a claim for multiple injuries secondary to trauma / accident associated with an industrial injury date of 01/21/2008. Medical records from 2010-2014 were reviewed. The patient complained of chronic right hip, thigh and knee pain. A progress report dated 07/29/2014 diagnosed the patient with major depressive disorder. The patient was prescribed with Alprazolam 0.25mg, however, exact date of prescription is unclear. Physical examination results were not made available in the medical records submitted. Treatment to date has included oral medications and psych visits. Utilization review from 08/27/2014 modified the request for Alprazolam 0.25mg 1 PO daily PRN to a weaning dose over the next 3 months for purposes of eventual discontinuation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.25 mg 1 PO daily PRN:** Upheld

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

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

**Decision rationale:** As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. CA MTUS limit the use of Benzodiazepine for 4 weeks. In this case, the patient was prescribed Alprazolam 0.25mg, but the exact date of prescription was not provided in the medical records submitted. Guidelines do not recommend chronic use of benzodiazepines. The documentation is lacking, more importantly the duration of use of Alprazolam. The medical necessity has not been established. Therefore, the request for Alprazolam 0.25mg 1 PO daily PRN is not medically necessary.