

Case Number:	CM14-0145773		
Date Assigned:	09/12/2014	Date of Injury:	11/28/2007
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Pain 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 48-year-old female with a reported date of injury on 11/28/2007. The injury reportedly occurred when the injured worker ran down a stairwell during a fire drill and injured her back and her legs went numb. Her diagnoses were noted to include neck sprain, lumbar region sprain, knee and leg sprain, and shoulder/arm sprain. Her previous treatments were noted to include heat, massages, epidural injections, and acupuncture. The progress note dated 08/22/2012 revealed complaints of pain. The physical examination revealed decreased range of motion to the bilateral knees and the lumbar spine. A urine drug screen performed 08/22/2012 was negative for benzodiazepines. The Request for Authorization Form was not submitted within the medical records. The request was for Prosom 2mg tablets #30 with 2 refills and alprazolam 0.5 mg twice a day #60 with 2 refills. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg tablet qty: 30 with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Prosom 2mg tablets #30 with 2 refills is not medically necessary. The injured worker complains of back and lower extremity pain. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain longer than 3 weeks due to a high risk of psychological and physiological dependency. There is a lack of clinical findings consistent with the need for Prosom. Additionally, the request failed to provide the frequency to which this medication is to be utilized. Therefore, the request is not medically necessary.

Alprazolam 0.5mg BID #60 with two (2) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for alprazolam 0.5 mg twice a day #60 with 2 refills is not medically necessary. The injured worker complains of back and lower extremity pain. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain longer than 3 weeks due to a high risk of psychological and physiological dependency. There is a lack of clinical findings consistent with the need for alprazolam. Additionally, the request failed to provide the frequency to which this medication is to be utilized. Therefore, the request is not medically necessary.