

<b>Case Number:</b>	CM14-0166274		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/27/2005
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Occupational 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 55 year old female with a date of injury on 6/27/2005. As per the report of 7/15/14, she complained of low back pain. The pain radiated down the left lower extremity (LLE) and was aggravated by activity and walking. She also complained of ongoing headache with insomnia, anxiety, and mid back pain. She rated her pain at 9/10 with medications and 10/10 without. She also reported chronic gastroesophageal reflux disease (GERD) related to medication. Cervical exam revealed spasm at C3-7 bilaterally in the paraspinal muscles, spinal vertebral tenderness in the C-spine C4-7, and tenderness to palpitation (TTP) at the bilateral paravertebral C4-7 area and bilateral occipital regions. There was tenderness to palpitation (TTP) over occipital area bilaterally. C-spine range of motion (ROM) was moderately limited due to pain. The pain was significantly increased with flexion, extension and rotation. Computed tomography (CT) scan of the C-spine dated 4/13/10 revealed definite fusion at C5-6, probable fusion at C6-7, and severe articular disease with subluxation at C3-4, C4-5 and C7-T1. C-spine magnetic resonance imaging (MRI) without contrast dated 4/26/10 revealed status post anterior metallic cervical fusion and probable discectomies at C5-6 and C6-7 with associated artifact and moderate bilateral neural foraminal stenosis at C6-7 secondary to uncovertebral joint degenerative changes, Paget's disease of bone (PDB) at C2-3 and C7-T1, minimal anterolisthesis of C6 on T1, broad-based posterior disc protrusion at C3-4, broad-based posterior disc/endplate osteophyte complex at C4-5, and Paget's disease of bone (PDB) at T2-3, C3-4 and T4-5. Current medications include Lyrica, Ambien, Protonix, alprazolam ER, Norco, and Oxycodone. She reported that the use of anti-seizure class, H2-blocker, opioid pain, sleep aid medication was helpful. She has been taking alprazolam since at least 4/22/14. She had limited response to acupuncture therapy and physical therapy (PT). Diagnoses include chronic pain other, cervical facet arthropathy, cervical radiculopathy, status post C-spine fusion, occipital neuralgia,

headaches, cervicalgia, gastroesophageal reflux disease (GERD), insomnia, medication related dyspepsia. Diagnostic studies and past treatments were not documented in the clinical records submitted with this request. The request for alprazolam 1mg #15 was modified on 09/16/14 for weaning to off over next three months.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Alprazolam 1mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

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

**Decision rationale:** According to the guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. Alprazolam is not the first line therapy for insomnia; sleep hygiene is very important and has not been addressed. Per guidelines, long-term use of Benzodiazepines is not recommended. The medical records do not provide a clinical rationale that establishes the medical necessity for alprazolam under the evidence-based guidelines.