

<b>Case Number:</b>	CM14-0181357		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/10/1999
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Arizona & 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 male who reported an injury on 03/10/1999. The mechanism of injury was not submitted for review. The injured worker has a diagnoses of chronic pain and hyperthyroidism. His medical treatment consists of medication therapy. Medications included duloxetine, nortriptyline, carisoprodol, Levoxyl, alprazolam and Oxycontin. No diagnostic studies were submitted for review. On 09/17/2014 the injured worker stated that the pain was about the same without any significant change. Physical examination revealed no deficits pertaining to the injured worker. The treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization Form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Alprazolam 1mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. Submitted documentation indicates that the injured worker had been on the medication since at least 09/2014. Additionally, the request as submitted is for alprazolam with a quantity of 90, exceeding the recommended guidelines for short term use. Furthermore, the efficacy of the medication was not documented to support continued use of the medication. Additionally, there was no rationale submitted by the provider to warrant the medication. Given the above, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.