

Case Number:	CM14-0089228		
Date Assigned:	07/23/2014	Date of Injury:	06/27/2005
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 54-year-old female who was reportedly injured on June 27, 2005. The mechanism of injury is noted as unlocking cabinets in a stockroom. The most recent progress note dated May 2, 2014, indicates that there are ongoing complaints of neck pain radiating to the left arm as well as back pain radiating to the left leg. There were also complaints of headaches and difficulty sleeping. The physical examination demonstrated a positive head compression test and Spurling's test. There was tenderness of the cervical spine with spasms and decreased cervical spine range of motion. Decreased sensation was noted at the dorsum of the hand. Diagnostic imaging studies of the cervical spine show a C4 - C5 disc which is hypermobile. Previous treatment includes a cervical spine fusion, physical therapy, chiropractic care, and injections. A request was made for alprazolam ER and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam ER 1 mg # 30: Upheld

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

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

Decision rationale: Alprazolam is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The most recent progress note dated may second 2014, does not indicate a diagnosis of anxiety or panic disorder. Considering this, the request for alprazolam ER is not medically necessary.