MAXIMUS Federal Services

Case Number:	CM14-0096583		
Date Assigned:	07/25/2014	Date of Injury:	01/25/2011
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Interventional Spine 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 patient is a 61-year-old female with an injury date of 01/25/2011. Based on the 04/24/2014 progress report, the patient complains of pain in her lower back. She has a decreased range of motion, decreased extension, decreased flexion, pain/weakness on her lumbar spine, spasms, and a positive Kemp's test. The patient complains of loss of sleep due to pain according to the 02/10/2014 progress report. Upon examination of the lumbar spine, the patient has an aligned slow antalgic gait and spastic paraspinals. She also has +3 tenderness to palpation of the bilateral SI (sacroiliac) joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Both right and left sitting straight leg raise causes radiating pain. The patient's diagnoses include lumbar spine sprain/strain, with radiculopathy. The utilization review determination being challenged is dated 05/23/2014. Treatment reports were provided from 12/10/2013 - 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam ER 1mg-Begin tapering to cessation by decreasing dose by approximately 10% over 1-2 weeks: Overturned

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 BenzodiazepinesNot recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Page(s): 24.

Decision rationale: Based on the 04/24/2014 progress report, the patient complains of pain in her lower back. The request is for alprazolam ER 1 mg - BEG 1 mg. The utilization review denied letter states that alprazolam ER 1 mg is to begin tapering to cessation by decreasing dose by approximately 10% over 1 to 2 weeks. There were no discussions provided as to how alprazolam has impacted the patient. MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks." It appears as though the patient has just begun taking alprazolam, and the treater has requested for this medication to be tapered off. Therefore, the request is medically necessary.