

<b>Case Number:</b>	CM14-0098849		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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:

This 54 year-old patient sustained an injury on 4/29/09 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Alprazolam 1mg #60. The patient's diagnoses include a headache, brachial neuritis/ radiculitis, neck sprain/strain, lumbar disc protrusion/ spinal stenosis/ radiculopathy; left elbow medial epicondylitis; left knee strain/sprain; right knee meniscal tear; anxiety; depression; and stress. The patient is status post percutaneous epidural decompression neuroplasty at L4-5, L5-S1 with bilateral facet joint injections on 1/18/13; status post percutaneous epidural decompression neuroplasty at L5-S1 with bilateral facet joint injections on 2/8/13. Conservative care has also included medications, therapy, and modified activities/rest. Report from the provider on 3/28/14 noted patient with constant headache complaints rated at 6/10, constant neck pain at 7/10 radiating to upper extremities with numbness; constant low back pain rated at 8/10 radiating to lower extremities with numbness and tingling; constant bilateral elbow and knee pain rated at 6-7/10. Exam showed decreased cervical and lumbar range; spasm; positive SLR; tenderness on palpation; right knee range with crepitus; normal elbow range; tender right medial joint line. The patient was given Toradol IM and B12 injections. Treatment included meds, transcutaneous electrical nerve stimulation (TENS), and patient was to remain off work until 5/22/14. The request(s) for Alprazolam 1mg #60 with weaning to D/C was modified to allow for weaning purposes on 5/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #30 with weaning to D/C:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Alprazolam 1mg #60 is not medically necessary and appropriate.