

Case Number:	CM14-0161217		
Date Assigned:	10/06/2014	Date of Injury:	08/01/1993
Decision Date:	05/01/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on August 1, 1993. He has reported back pain and has been diagnosed with cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic spine sprain/strain syndrome with spondylolisthesis, lumbar degenerative disc disease with facet arthropathy and foraminal narrowing and associated bilateral lower extremity radiculopathy, and bilateral peroneal neuropathy. Treatment has included exercises, physical therapy, injection, and medications. Currently the injured worker had cervical and lumbar spine tenderness as well as right knee and left ankle tenderness. The treatment request included alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60 with 4 refills: Upheld

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

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

Decision rationale: Xanax is a fast acting benzodiazepine with a short half-life. Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the 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. 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." The duration of this request is inappropriate, as it would constitute a 5 month supply which exceeds guideline recommendation. There was no statement of extenuating circumstances as to why this duration is medically necessary at this time, or of why the patient should not be monitored at a shorter interval for this controlled substance. Therefore, this request is not medically necessary.