

Case Number:	CM14-0193883		
Date Assigned:	12/01/2014	Date of Injury:	02/12/2014
Decision Date:	01/14/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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, 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 51 year old female with an injury date of 02/12/14. Based on the 08/19/14 progress report, the patient complains of persistent neck pain, severe right shoulder pain, and low back pain. There is tenderness without spasm in the cervical paravertebral muscles, the upper trapezius, and the interscapular/dorsal spine region. The 09/23/14 report indicates that the patient also has mild left shoulder pain. In regards to the bilateral shoulders, the patient has a positive Hawkins test on the right. The 10/14/14 report states that the patient has a positive Impingement sign on the right shoulder. In regards to the lumbar spine, there is slight tenderness in the lumbar paravertebral muscles. The X-ray taken on 04/08/14 of the cervical spine showed a reversal of the normal cervical lordosis. There is cervical spondylosis at C5-6 and C6-7. The patient's diagnoses include the following: Right shoulder impingement syndrome; Partial thickness rotator cuff tear, right shoulder; Cervicothoracic spine myoligamentous sprain/strain; Cervical protrusion, C5-6 and C6-7 and Left elbow sprain. The utilization review determination being challenged is dated 10/24/14. Treatment reports were provided from 02/02/14- 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam tabs 1mg: 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: According to the 10/14/14 report, the patient presents with persistent right shoulder pain, neck pain, and low back pain. The request is for Alprazolam Tabs 1mg. The report with the request was not provided. There is no indication of when the patient began taking Alprazolam. MTUS page 24 Benzodiazepines states, "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." Only short-term use of this medication is recommended for this medication. In this case, it is not known when the patient began taking Alprazolam. The reports do not discuss that this medication is to be used for a short-term, to address acute injury, exacerbations/flare-up. The requested Alprazolam is not medically necessary.