

Case Number:	CM15-0018984		
Date Assigned:	02/06/2015	Date of Injury:	10/28/2010
Decision Date:	06/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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

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 (IW) is a 58-year-old female who sustained an industrial injury on 10/28/2010. Diagnoses bilateral L5 radiculopathy and polyneuropathy, cervical spine disc herniations with neuroforaminal stenosis, injury to left breast implant, left knee chondromalacia, status post left knee arthroscopy with meniscectomy and chondroplasty with synovectomy and spondylolisthesis at L4-L5. Treatment to date has included medications, left knee arthroscopy, activity modification and home exercise. According to the PR2 dated 12/15/14, the IW reported increased left knee pain, with catching and giving way. She also complained of ongoing low back pain with radiation to the left leg. Her pain was disrupting her sleep. On examination of the lumbar spine, there was decreased, painful range of motion. The provider stated the treatment plan included weaning the IW from the Norco; Phenergan and Xanax were started to help her anxiety and withdrawals. The progress notes dated 1/8/15 reflected the IW was weaned from the Norco and was managing pain with Butrans patches; her only complaints were neck and low back stiffness. A psychological testing report dated 11/10/14 stated the IW was experiencing clinical symptoms of anxiety and depression. A request was made for Alprazolam tab 1 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg # 60: 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 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 for this 2010 injury. The Alprazolam 1mg # 60 is not medically necessary and appropriate.