

Case Number:	CM15-0113907		
Date Assigned:	06/22/2015	Date of Injury:	03/29/2014
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of March 29, 2014. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for alprazolam (Xanax). The claims administrator referenced the mis-numbered "page 23" of the MTUS Chronic Pain Medical Treatment Guidelines. A progress note dated May 5, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated May 5, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of elbow and shoulder pain. Twelve sessions of physical therapy were endorsed. 5/10 pain complaints were reported. The note was handwritten and comprised, in large part, of preprinted checkboxes. Medication selection and medication efficacy were not discussed. There was no mention of alprazolam's being employed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: No, the request for alprazolam (Xanax), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine anxiolytics such as alprazolam are not recommended for chronic or long-term use purposes, with most guidelines limiting usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, the attending provider's handwritten progress note of May 5, 2015 did not clearly state for what issue, diagnosis, and/or purpose alprazolam was being employed. Said progress note did not, furthermore, detail the applicant's medication list or set forth a rationale for seeming continued usage of alprazolam. Therefore, the request was not medically necessary.