

Case Number:	CM15-0121622		
Date Assigned:	07/02/2015	Date of Injury:	09/14/2013
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker (IW) is a 63-year-old female who sustained an industrial injury on 09/14/2013. She reported pain in the neck, mid, and low back while performing work activities. The injured worker was diagnosed as having neuralgia, neuritis, and radiculitis, unspecified, cervical spine sprain/strain with radiculopathy; thoracic spine sprain/strain; and lumbosacral spine sprain/strain with radiculopathy. Treatment to date has included chiropractic care, physiotherapy, and pain management. X-rays of the cervical, thoracic and lumbar spine were obtained. Currently, the injured worker complains of constant dull to sharp pain in her neck that radiates down to the elbows and hands/fingers with numbness in both arms. Bending, and turning of the head and neck increases the pain. She also complains of constant sharp pain in the mid and lower back that radiates to the knees and feet with weakness in both legs. Prolonged standing, walking, bending, stooping, pushing, pulling, and lifting increase her pain. The pain both in the neck and back are temporarily relieved with rest, physiotherapy and medication. On examination, there is tenderness and myospasms noted bilaterally along the cervical and thoracic spine musculature, and tenderness to palpation of the bilateral paraspinal musculatures of the lumbar spine, associated with spasms. There is tenderness noted over lumbar spinous process and interspinous ligaments. Heel walk test and toe walk test are positive bilaterally. Lumbar facet test is positive bilaterally. Straight leg raising test is to 30 degrees to the right and 20 degrees to the left. Sensation is decreased in bilateral upper and lower extremities, and there is grade 1-2 out of five muscle weakness in the bilateral upper and lower extremities in a dermatomal pattern. Deep tendon reflexes are intact, symmetric, and within limits. The treatment plan includes thoracic and lumbar epidural steroid injections, and diagnostic therapeutic facet injections at L2-3, L3-4, and L4-5 levels. A request for authorization is made for the following: 1. Alprazolam 1mg #30. 2. Hydrocodone/APAP 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #30: 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 MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressant. Therefore, the use of Alprazolam 1 mg #30 is not medically necessary.