

Case Number:	CM15-0123640		
Date Assigned:	07/08/2015	Date of Injury:	04/26/2006
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 38 year old male with an industrial injury dated 04/26/2006. The mechanism of injury is documented as a fall. His diagnoses included failed back surgery syndrome and left sacroiliac joint pain. Prior treatment included massage, TENS unit, ice, stretching and medications. He presents on 05/07/2015 (most recent record available) with chronic complaints of low back pain with stiffness in the low back and buttock area. He rates his pain with medications as 3/10. The provider notes the injured worker's activity improved, sleep improved and overall quality of life was good. Physical exam noted gait favored left hip and buttock. There was tenderness of the lumbar paraspinal muscles and stiffness with range of motion. Left sacroiliac joint was tender and FABERs test was positive bilaterally. There was discomfort and stiffness with flexion and internal rotation of the left hip. His medications included Alprazolam, Fentanyl and Norco. The treatment request is for Alprazolam 1 mg quantity 45 (1 tab every 6-8 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg Qty 45 (1 tab every 6-8 hrs): 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: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety in the provided documentation. For this reason the request is not medically necessary.