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| Case Number: | CM15-0027162 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 04/26/2006 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 is a 38 year old male who sustained an industrial injury on 4/26/06. The injured worker reported symptoms in the back and left lower extremity. The diagnoses included failed back surgery syndrome and sacroiliac joint pain. Treatments to date include oral pain medications, massage, transcutaneous electrical nerve stimulation unit, ice applications, stretching and activity modifications. In a progress note dated 1/15/15 the treating provider reports the injured worker was with "tenderness lumbar paraspinal muscles, axial tenderness...tender right sacroiliac joint..." On 2/4/15 Utilization Review non-certified the request for Alprazolam 1 milligrams quantity of 23 to allow for weaning. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #23 to allow for weaning: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence and major cause of overdose. The clinical documents do not document a diagnosis of anxiety disorder or depression. Furthermore, alprazolam was not authorized by Workmans' Comp as of 7/28/14. The patient is also on opioid medications which are particularly dangerous when taking in combination with benzodiazepines. The available medical records do not support the medical necessity of alprazolam. The request for Alprazolam is not medically necessary and appropriate.