

Case Number:	CM15-0061066		
Date Assigned:	04/07/2015	Date of Injury:	12/17/2012
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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, Massachusetts
 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 injured worker is a 55 year old female, who sustained an industrial injury on December 17, 2012. The injured worker had reported neck, upper, mid and lower back pain, bilateral shoulder pain, bilateral wrist/hand pain and bilateral knee pain. The diagnoses have included cervical spine sprain/strain, thoracic spine sprain/strain, bilateral shoulder tendinitis, bilateral sacroiliac joint sprain, bilateral wrist tendinitis, bilateral knee patellofemoral arthralgia, fibromyalgia, major depressive disorder and psychiatric conditions with pain all over the body. Treatment to date has included medications, radiological studies, psychiatric evaluations, physical therapy and electrodiagnostic studies. Current documentation dated June 2, 2015 notes that the injured worker reported pain all over her body. The injured worker was noted to be very depressed with a loss of appetite, unusual stress, anxiety, anger, coordination problems and memory loss. Physical examination of the head and neck revealed tenderness, muscle spasms and a decreased range of motion in the cervical region. Thoracic spine exam showed tenderness in the paraspinal muscles and a decreased range of motion. Lumbar spine examination revealed tenderness, muscle spasms and an extremely reduced range of motion. Upper extremity evaluation revealed tenderness all over, even light touch was painful. Range of motion of the shoulders was noted to be decreased. Lower extremity examination also revealed tenderness all over and a painful range of motion. The treating physician's plan of care included a request for Alprazolam 0.25 mg # 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25 mg Qty 30 with 3 refills: 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(s): 24.

Decision rationale: According to the MTUS guidelines, benzodiazepines such as the above medication is 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 week". Additionally, the guidelines state that "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety". The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time.