

Case Number:	CM15-0079722		
Date Assigned:	04/30/2015	Date of Injury:	05/02/2006
Decision Date:	06/02/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/27/2015

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

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:

This 55 year old female sustained an industrial injury on 5/2/06. She subsequently reported neck injury and pain. Diagnosis brachial neuritis or radiculitis. Treatments to date include x-ray and MRI testing, surgery, therapy and prescription pain medications. The injured worker continues to experience neck and low back pain. Upon examination, the injured worker exhibited some weakness in the bilateral elbow flexion, there is negative Hoffman's and Spurling's maneuver is normal. A request for an unknown prescription for Alprazolam medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Alprazolam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines : Pain (Chronic).

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. The guidelines state that 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. The guidelines also state that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records indicate that benzodiazepines have been prescribed for an extended period of time which is not supported per evidence based guidelines. The request for Unknown prescription for Alprazolam is not medically necessary and appropriate.