

<b>Case Number:</b>	CM13-0010852		
<b>Date Assigned:</b>	09/19/2013	<b>Date of Injury:</b>	11/01/2009
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in North Carolina, New York, and Pennsylvania. 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 physician 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/services.

### 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 claimant is a 58-year-old man with chronic neck pain, radiating to the left shoulder. He has had several occupational incidents. He recounts problems when lifting 70 pound frames at work and a slip and fall incident in 2004. He also complains of numbness in the leg and foot drop, resulting in difficulty walking. He has weakness in his grip and dysesthesias in both hands. He has had prior spinal surgery, lumbar laminectomy and microdiscectomy at L2-3, and an ACDF (anterior discectomy and fusion) at C3-4. Treatment has also included chiropractic care. Latest MRI on 8/24/13 showed a new disc herniation at L2-3 with extrusion in the neural foramen, and moderate disc disease with facet arthropathy at L5-S1. He tells his treating provider, [REDACTED], that he has at least 50% functional improvement with taking his medications. He is prescribed Norco, about four per day, Lunesta occasionally for insomnia and Voltaren gel for myofascial shoulder pain, and takes Xanax occasionally for anxiety and panic episodes, per [REDACTED]. Psychological evaluation on 2/5/13 and ENT evaluation 7/15/13 indicated problems with alcohol misuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 QID PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77, 81, 84 and 91.

**Decision rationale:** █████ records that this claimant has achieved 50% functional improvement with the use narcotic medication, in association with other medications. The triple goal is to decrease pain, increase quality of life and increase functional capacity. Objective descriptions of how each of these goals is met are required for this medication to be approved under the Chronic Pain Treatment Guidelines. The use this medication without fully assessing potential for abuse is concerning with the history of alcohol misuse.

**Lunesta 3mg Q HS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp, 9th edition (web).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia Section.

**Decision rationale:** Sleep aids are not mentioned in the Chronic Pain Medical Treatment Guidelines, or ACOEM treatment guidelines, 2nd edition. It is not recommended that they be approved for managing occupational injury.

**Volteran Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Topical analgesics are primarily indicated for neuropathic pain, when anticonvulsants and anti-depressants have failed. This has not been demonstrated.

**Xanax 0.5 TID:** Upheld

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

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

**Decision rationale:** The medication is given for anxiety, not pain control. Short term use of benzodiazepines has been used for muscle spasm, but that is not documented in the record, and certainly not indicated for hand or wrist pain. If used for managing muscle spasm, it should be

limited to 4 weeks. Tolerance develops within this time to the effects of muscle relaxation. There is potential for dependence with this medication, and long term efficacy is unproven. This medication is potentially dangerous for a patient that is also using narcotics, a sleep aid, and drinking heavily