

<b>Case Number:</b>	CM13-0012500		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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 Pain Medicine and is licensed to practice in California. 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 patient is a 69-year-old female who reported an injury on January 7, 2003. The mechanism of injury was not provided in the medical records. The patient's symptoms include neck pain which radiates into her right upper extremity down to her elbow. It was noted she also complains of constant right shoulder pain and mid to low back pain. Her diagnoses include cervical radiculopathy and cervical degenerative disc disease; status post multiple trauma; status post surgery for Dupuytren's contracture; lumbar degenerative disc disease with radiculopathy, lumbar spondylosis, and facet hypertrophy; myospasm with myofascial trigger point; internal derangement bilateral knees; and status post total knee replacement on the left. The patient's current medications were not listed; however, it states the patient's opioid medications were reviewed. She was counselled as to the benefits of the medications and the potential side effects and the patient stated understanding of these concepts and accepts the risks. It also states the patient's psychotropic medications were reviewed, the patient was counseled to the benefits and risks of the medication, and she stated she understood that these medications must be taken as prescribed by the prescribing physician. The patient had a psychiatric visit on October 24, 2014 and it was noted the patient's current medications included Ambien 10 mg at bedtime as needed, Xanax 1 mg twice a day as needed, and Wellbutrin SR 150 mg in the morning

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Bitartrate 10/325 mg#60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** California MTUS Guidelines state criteria for ongoing management of patients taking opioids should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should include the patient's current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes before pain relief, and how long pain relief lasts. Additionally, specific documentation is required regarding the "4 As" for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation provided for review failed to include recent documentation regarding the patient's use of her opioid medication including the detailed pain assessment and the "4 As" for ongoing monitoring. Additionally, the recent documentation and request failed to indicate how often the patient is taking this medication and her full list of medications besides the hydrocodone. With the absence of this documentation, the request is not supported. Therefore, the request is non-certified.

**Alprazolam 1.0 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 78.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use of benzodiazepines 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. It further states a more appropriate treatment for anxiety disorders is an antidepressant. It also states tolerance to anticonvulsant and muscle relaxant effects occurs within weeks on benzodiazepines. As the patient was noted to have been taking this medication long-term for use for anxiety, it is not supported by guidelines. For this reason, the request is non-certified.