

<b>Case Number:</b>	CM13-0046261		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/10/2007
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male with date of injury of 05/10/2007. The listed diagnoses per [REDACTED] dated 10/01/2013 are: Lumbar degenerative disk disease with severe foraminal stenosis at L5-S1 resulting in bilateral radiculopathy, right greater than the left. Cervical spine sprain/strain syndrome, with radiculopathy, bilateral upper extremity radiculopathy resulting in weakness, thoracic spine mild sprain/strain syndrome, reactionary depression/anxiety/sleep disorder, erectile and sexual dysfunction, left shoulder arthroscopy, 2009, status post left total hip replacement, 2010, right elbow acute inflammatory process, right knee internal derangement, medication-induced gastritis/GERD. According to the report, the patient complains of pain and swelling in his right knee aggravated with weight bearing. His right knee pain has been bothering him for several months, which is a direct result of his antalgic gait. Due to his ongoing pain, the patient has been experiencing recurrent flare-up of his low back pain which he rates a 7/10. The patient also noted having difficulty sleeping throughout the night, waking up 4 to 5 times each night. He gets anxious and does require Valium on an intermittent basis. The patient is much stressed dealing with his chronic pain, disability, and inability to work. The objective findings show the patient is alert, cooperative but in obvious distress. He makes good eye contact, converses well, and does appear already medicated. He has an antalgic gait favoring his left lower extremity. He has sensory deficits along the posterior lateral arms and lateral forearms bilaterally. Right elbow reveals tenderness and swelling over the olecranon bursa. There is also tenderness noted in the bilateral shoulders over the acromion process bilaterally and the posterior lumbar musculature with increased muscle rigidity noted. His current list of medications includes: Norco, Prozac, Xanax, Prilosec, Cialis, Ambien, Dendracin tropical analgesic cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX .5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

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

**Decision rationale:** This patient presents with chronic low back, left shoulder, right elbow, and right knee pain. This patient is status post left hip total replacement from 2010 and left shoulder arthroscopy from 2009. The treater is requesting Xanax. Alprazolam is a Benzodiazepine, and the Chronic Pain Medical Treatment Guidelines page 24 on Benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guideline limits the use to 4 weeks." The review of records shows that this patient has been taking Alprazolam since June 2013. In this case, the Chronic Pain Medical Treatment Guidelines limits the use of this medication to 4 weeks which the patient has exceeded. Therefore the request is not medically necessary.

**AMBIEN 10MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines on Zolpidem (Ambien).

**Decision rationale:** This patient presents with chronic low back, left shoulder, right elbow, and right knee pain. The treater is requesting Ambien. The MTUS and ACOEM Guidelines are silent with regard to this request. However, ODG Guidelines for Zolpidem states that it is indicated for short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The records show that the patient has been taking Ambien since June 2013. In this case, ODG does not support the long-term use of this medication. Therefore the request is not medically necessary.

**NORCO 10/325MG #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

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

**Decision rationale:** This patient presents with chronic low back, left shoulder, right elbow, and right knee pain. The treater is requesting Norco. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines requires specific documentations regarding pain and function. Page 78 of Chronic Pain Medical Treatment Guidelines requires "pain assessment" that requires "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 for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which include: analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The records show that the patient has been taking Norco since June 2013. The report dated 10/01/2013 notes that the patient's pain level is 7/10. None of other reports document any ADLs, before and after pain, change in work status, or "pain assessment" as required by Chronic Pain Medical Treatment Guidelines. The treater also believes the patient to be "at risk" for aberrant drug seeing behavior but does not discuss UDS results and what actions are taken to carefully monitor this patient. Given the inadequate documentation regarding pain, function and pain assessment, the request is not medically necessary and slow tapering of the opiate per Chronic Pain Medical Treatment Guidelines.