

<b>Case Number:</b>	CM13-0059818		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Family Medical and is licensed to practice in Arizona. 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. 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:

Patient is a 68-year-old female with date of injury on 3/1/2006. Patient is being treated for ongoing neck and low back symptoms. Patient has the diagnoses of lumbago, cervicalgia, and myalgia/myositis. Most recent subjective complaints identified on submitted documentation include chronic neck and low back pain, without further descriptions. Objective exam findings are tenderness to palpation in neck and back. Medications include Norco 10/325 4 times a day with duration or efficacy of treatment not identified from the medical records. There is no reference in the clinical documentation to prior Xanax use, rational for request, or identified diagnoses that are consistent with an indication for benzodiazepines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter

stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient there is no documentation indicating rationale for medication and does not identify subjective or objective signs consistent for benzodiazepine therapy. Therefore, for all the above reasons, the medical necessity of Xanax (Alprazolam) is not established.

**Hydrocodone/APAP 10/325mg #120:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic Opioid therapy. Chronic Pain Guidelines has specific recommendations for the ongoing management of Opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Guidelines for chronic back pain indicate that while Opioid therapy can be efficacious it is limited to short term pain relief and long term efficacy (16 weeks) is unclear, and failure to respond to limited course of medication suggests reassessment and consideration for alternative therapy. Furthermore, no documentation is present of (MTUS) Medical Treatment Utilization Schedule Opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Hydrocodone is not medically necessary.