

<b>Case Number:</b>	CM14-0006798		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/31/2002
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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. 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:

The patient is a 67-year-old male who has submitted a claim for left shoulder strain, status post surgery with reconstructive graft and lumbar radiculopathy associated with an industrial injury date of August 31, 2002. Medical records from 2012 to 2013 were reviewed. The patient complained of bilateral shoulder pain and lower back pain with radiation to the lower extremities. Physical examination of the lumbar spine showed tenderness and spasm over the lower area muscles, decreased ROM, and positive SLR on the left. Physical examination of bilateral shoulders showed tenderness over the AC region and restricted ROM in all planes. Treatment to date has included NSAIDs, opioids, narcotics, IF, and surgery. Utilization review from December 16, 2013 modified the requests for Vicodin ES 7.5MG, #120 to Vicodin ES 7.5MG, #80 and Xanax 0.5MG, #90 to Xanax 0.5MG, #60 both to be used for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN ES 7.5/750 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIATES Page(s): 78-81.

**Decision rationale:** As noted on page 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has been on this medication since December 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is also no documentation of periodic urine drug screens to monitor the injured worker's medication compliance. Therefore, the request for Vicodin ES 7.5/750mg #120 is not medically necessary.

**XANAX 0.5 MG #90:** Upheld

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

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

**Decision rationale:** As noted on page 24 of the California 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has been on this medication since December 2012. There is no documentation regarding the benefits derived from this medication. Also, this medication is not recommended for long-term use. Therefore, the request for Xanax 0.5mg #90 is not medically necessary.