

<b>Case Number:</b>	CM14-0102307		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family 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 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 is a 64-year-old female injured worker who reported an industrial injury on 9/11/2009, over five (5) years ago, attributed to the performance of her usual and customary job tasks. The injured worker has been treated for ongoing neck and bilateral shoulder pain. The objective findings on examination included bilateral shoulder tenderness, right greater than left, neck tenderness, diminished range of motion. Treatment has included massage therapy; medications activity modifications. The injured worker is prescribed Norco 5/325 mg #30 and Xanax 0.5 mg one q.h.s. PRN #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Treatment Guidelines Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-16

**Decision rationale:** The prescription for Hydrocodone-APAP (Norco) 5/325 mg #30 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck and shoulder for the date of injury five (5) years ago for the diagnosed Spring/strain and underlying degenerative disc disease. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the injured worker has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 5/325 mg #30 is not medically necessary.

**Xanax 0.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Tolerance to Anticonvulsant and Muscle Relaxant Effects Occurs Within Weeks

**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-- Medications For Chronic Pain; Benzodiazepines.

**Decision rationale:** The continued prescription of Xanax (alprazolam) 0.5 mg #30 is not supported with objective evidence to support medical necessity and is inconsistent with the recommendations of the currently accepted evidence-based guidelines. The patient is being prescribed a benzodiazepine for a muscle relaxant and an anxiety agent, which is not recommended by the CA MTUS. There is no demonstrated medical necessity for the prescription of Xanax/Alprazolam for this injured worker in relation to the effects of the industrial injury. The request for the use of Xanax for anxiety, or as a muscle relaxant is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines. The ODG states: Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The prescription of Xanax/Alprazolam on an industrial basis is not medically necessary and inconsistent with evidence-based guidelines. There is no demonstrated medical necessity for the prescribed Alprazolam 0.5 mg #30. Therefore, the request is not medically necessary.

