

<b>Case Number:</b>	CM14-0104675		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation and 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 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:

The injured worker is a 48 year old female who reported an injury on 08/22/2004 with an unknown mechanism of injury. The injured worker was diagnosed with post laminectomy syndrome and degenerative disc disease of the lumbar spine. The injured worker was treated with surgery, medications, and implanted spinal cord stimulator. Diagnostic studies were not indicated within the provided documentation. The injured worker had three back surgeries and a lumbar discectomy in 07/2005, lumbar laminectomy in 07/2006, and lumbar fusion in 12/2006. On the clinical note dated 06/04/2014, the injured worker complained of low back pain and right lower extremity pain rated 8/10. The injured worker had 15 degrees of flexion and extension of the lumbar spine. The injured worker was prescribed Norco 10/325mg every 6 hours as needed and Xanax 1mg every 12 hours as needed. The treatment plan was for Norco 10/325mg and Xanax 1mg. The rationale for the request was for pain and anxiety. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg 1 tablet O q12hrs prn anxiety #30 with 1 refill:** Upheld

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

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

**Decision rationale:** The injured worker is diagnosed with post laminectomy syndrome and degenerative disc disease of the lumbar spine. The injured worker complains of low back pain and right lower extremity pain rated 8/10. The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. The injured worker has been prescribed Xanax 1mg since at least 01/15/2014 which exceeds the 4 week recommendation. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. There is no documentation demonstrating the injured worker has significant anxiety. As such, the request for Xanax 1mg 1 tablet O q12hrs prn anxiety #30 with 1 refill is not medically necessary.

**Norco 10/325mg, 1 tablet PO q 6hrs prn apin #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,91,124.

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

**Decision rationale:** The injured worker is diagnosed with post laminectomy syndrome and degenerative disc disease of the lumbar spine. The injured worker complains of low back pain and right lower extremity pain rated 8/10. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalence per day. The injured worker's medical records lack the documentation of pain rating pre and post medication, current pain rating, the least reported pain over the period since last assessment, the average pain rating, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates whether there are side effects and aberrant drug related behaviors present. The documentation did not include a recent urine drug screen. The injured worker has been prescribed Norco 10/325mg since at least 01/15/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. As such, the request for Norco 10/325mg, 1 tablet PO q 6hrs prn pain #120 with 1 refill is not medically necessary.