

<b>Case Number:</b>	CM14-0014494		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 37 year-old male with a 3/16/2013 date of injury. The patient, while at work, fell through an attic floor about 10 feet down to a tile surface. On the 12/17/2013 visit, the patient's complaints were low back pain of 10/10 on Visual Analog Scale (VAS) with sharp stabbing pain that radiates to his right leg and occasional pain and radiation from the low back to the left leg. He has mid back pain which occurs 1-2 times daily, cervical neck pain twice a week and shoulder pain once a week. The diagnostic impression is a discogenic lumbar and cervical condition. Treatment to date has included medication management and rehabilitative therapy. The UR decision dated 1/31/2014 denied the request for hydrocodone-apap 10/325mg #120 and Xanax(alprazolam) 2mg #30. The rationale for denial was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO (HYDROCODONE-APAP) 10/325MG #120:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is significant documentation of opiate abuse, abusive behavior, and non-compliance. The patient has been noted on multiple occasions to demonstrate at-risk behavior, including an incident where he became combative to physicians in the ER and threatening when he advised he would not receive another shot of Dilaudid. A CURES report documented significant drug-seeking behavior, with over 240 tablets of Norco being filled in a 6-week period, from multiple prescribers. Guidelines do not support ongoing opioid management in the setting of misuse and aberrant behavior. Therefore, the request for Norco (hydrocodone-apap) 10/325mg #120 was not medically necessary.

**XANAX (ALPRAZOLAM) 2MG #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, there is significant documentation of the patient's drug abuse and misuse. Benzodiazepines have a high risk of abuse and dependence, and this patient, as documented, has clearly demonstrated at-risk, drug-seeking behavior with multiple visits to the ER for narcotics. Therefore, Xanax (alprazolam) 2mg #20 was not medically necessary.