

<b>Case Number:</b>	CM14-0121030		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Emergency 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 65 year old male injured on 07/26/07 due to an undisclosed mechanism of injury. Diagnoses include history of right distal radius fracture, status-post external fixator placement secondary open reduction and internal fixation , status-post right wrist radial carpal fusion, history of right distal radial ulnar joint traumatic arthropathy with instability of the distal ulna, post-injury traumatic carpal tunnel syndrome, and status-post resection of the distal ulna, soft tissue arthroplasty of the distal radial ulnar joint, stabilization of the distal radial ulnar joint with tendonesis, harvesting of flexor carpi radialis tendon graft, and wrist denervation on 05/28/14. Physical examination on 06/20/14 revealed no soft tissue swelling above the hand or wrist, and distal ulna normal posture in regards to the radius. Treatment plan included kirschner pins extracted, splint converted to short arm bivalve cast, and prescription for Norco 10-325mg 1 tab qhs provided. The initial request for Xanax 1mg #25 and Percocet 25mg #120 was initially non-certified on 07/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #25:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Xanax 1mg #25 is not medically necessary.

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 10/325mg #120 cannot be established at this time. Therefore, the request is not medically necessary.