

<b>Case Number:</b>	CM14-0023269		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 70-year-old female patient with a 1/7/03 date of injury. A progress report dated on 2/7/14 indicated that the patient complained of left knee pain that was aggravated with walking, prolonged sitting, and stair climbing. A physical exam revealed that the range of motion of the right knee was 0-110 degrees. She had an antalgic gait. The patella glides centrally with moderate crepitus. A psychiatric progress report dated 12/12/13 indicated that the patient had chronic depression, was able to sleep only with medication, and had increased anxiety and reduced appetite. She was diagnosed with Right knee internal derangement, Cervical degenerative disc disease and Cervical radiculopathy, s/p Multiple trauma and Left knee internal derangement, s/p total knee replacement. Treatment to date includes medication management, a cervical epidural injection, and acupuncture sessions. There is documentation of a previous 1/27/14 adverse determination. Vicodin was modified from #60 to #40 to initiate the weaning process. In regards to Xanax, it was not certified, based on the fact that guidelines do not support long-term use of Benzodiazepines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN ES 7.5/750MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

**Decision rationale:** The MTUS Chronic Pain 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. The patient presented with the pain in her bilateral knees. She was prescribed opiates. However, there was no documentation that the patient had significant pain relief or functional gains from the opiates. In the medical records provided, 2 urine drug screen tests were available. A 12/12/13 test result was positive for opiates, and the 3/17/14 test result was negative. A previous UR determination modified Vicodin from #60 to #40 to initiate the weaning process. Therefore, the request is not medically necessary.

**XANAX 1MG #30:** 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 MTUS Chronic Pain Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. A progress report dated on 12/12/13 indicated that the patient had insomnia, anxiety, and was not able to sleep without medication. However, there was documentation that the patient was taking Xanax chronically. Guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions. In addition, Xanax should not be used for insomnia. There is no discussion of proper sleep hygiene discussed with the patient or alternatives to benzodiazepines for insomnia treatment. Therefore, the request is not medically necessary.