

<b>Case Number:</b>	CM14-0023897		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 35 year old male who reported an injury on 02/04/2013 due accidental trauma. On 04/07/2014 he reported pain in both legs and increased depression. A psychological evaluation on 04/10/2014 revealed that the injured worker had frustration towards his injury, stress and anger issues. Past treatment included surgery, physical therapy, counseling, and medications. Diagnoses included post-traumatic stress disorder, pain disorder without agoraphobia, chronic left lower extremity pain, psychosocial stressors moderate to severe, and a current GAF of 65. Medications include Nortriptyline 75mg, Xanax ER for anxiety, and Norco 10/325mg 4 pills a day. The request for authorization form was included and signed on 01/31/2014. The rationale was to decrease anxiety and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX ER 1 MG, #60, WITH FOUR REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES.

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

**Decision rationale:** The request for Xanax ER 1mg # 60 with four refills is not medically necessary. The rationale for the use of Xanax was to decrease the injured worker's anxiety. According to the California MTUS Guidelines, Benzodiazepines such as Xanax, 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. A more appropriate treatment for anxiety is an antidepressant. The documentation provided lacks the necessary information such as frequency and how long the injured worker has been taking the medication. Given the above, the request is not medically necessary.

**NORCO 10/325 MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** The request for Norco 10/325mg #90 is not medically necessary. The injured worker is reportedly having continuous pain in the legs despite treatment options. California MTUS Guidelines state that an ongoing monitoring of opioid use should be documented using the four domains (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). Documentation of pain should include average pain, intensity after taking the opioid, and how long pain relief lasts. The documentation provided lacks the necessary pain relief documentation and reports of any adverse side effects. In addition, California MTUS Guidelines state that if there is no overall improvement in function, the opioid should be discontinued. The injured worker still reports having ongoing pain in the legs indicating that the Norco has not been effective. Also, the request does not specify the frequency of the medication. Given the above, the request is not medically necessary.