

<b>Case Number:</b>	CM14-0025059		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/05/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 66-year-old gentleman with a date of injury of February 5, 2007. Mechanism of injury is not fully disclosed in the submitted medical records, however, it appears that the patient was in a MVA. The patient is currently under the care of a pain specialist for treatment of diagnoses of chronic low back/neck pain, bilateral lower extremity pain, bilateral lumbar radiculitis, sacroilitis, lumbago, cervicgia, thoracic/lumbar disc degeneration, myalgia and chronic pain. The patient also has anxiety, and has been using Xanax on an as needed basis for a long time. The patient has also been on chronic Norco and Soma. Random UDS is conducted. In addition, to meds, the patient has had other care that includes physical therapy, chiropractic, modified activity and interventional procedures (ESI). I do not see documentation of a pain contract or of current work status. A report from August 16, 2013 states that an AME was done on May 20, 2013, and that the AME reportedly agreed with the use of current medications. That AME report is not submitted for my review in the disclosed medical records to IMR. A request for continued medications with Xanax, Norco, and Methadone was submitted to Utilization Review with a partial certification provided on February 20, 2014. Xanax 2 mg #45 was modified to #36, and Norco 10/325 mg #180 was modified to #135. Methadone was certified in entirety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2mg, 45 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use, as efficacy is unproven in long-term use, and there is risk of dependence. If used, guidelines recommend limiting use to no more than four weeks. Long-term use may actually increase anxiety. In this case, the patient has clear dependency issues, due to chronic use. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. The UR determination from February 20, 2014 allowed for a modified amount certified, and this amount was appropriate with no medical necessity for greater than this amount. The request for Xanax 2mg, 45 count, is not medically necessary or appropriate.

**Norco 10/325mg, 180 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than sixteen weeks is unclear. It does appear that this patient is monitored via UDS (urine drug screen) but there is no documentation of pain contract is in place. There is no clear evidence of efficacy, with use facilitating the ability to stay at work. This patient has now been on opioid pain meds on a chronic basis. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. The UR determination from February 20, 2014 was a partial certification, which allows for the weaning process, and there is no medical necessity of authorization of Norco greater than the amount recommended by the UR physician. The request for Norco 10/325mg, 180 count, is not medically necessary or appropriate.