

<b>Case Number:</b>	CM14-0072896		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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:

The injured worker is 44-year-old-male with a date of injury July 12, 2012. Mechanism of injury is unknown. The injured worker has been complaining of pain in the neck, Bilateral (B/L) hands / wrists, headache, anxiety / depression and insomnia. He also complains of numbness / tingling and weakness of both hands to the point that he is dropping objects involuntarily. He is status post (S/P) left carpal tunnel release and has had physical therapy. Physical examination of bilateral wrists reveals positive tinel's, phalen's, and durkan's. Two point discrimination is approximately 8.0 mm. Grip strength on the right is about 30 and on the left is 30 with normal on the right being 120 and left being 100. There is evidence of thenar atrophy. Strength was noted 4/5 in B/L wrist and hand. Electromyography (EMG) shows moderate to severe carpal tunnel syndrome bilaterally. X-rays four views of cervical spine are normal. Disc spaces and the facets are normal. There is a normal lordotic curve. Three views of the wrists bilaterally are normal. Medications include Tramadol, Prilosec, Xanax and Naproxen. Diagnoses are B/L carpal tunnel syndrome. The request for Xanax 1 mg #60, Prilosec 20mg #90, and Tramadol 150mg #60 was previously denied due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**Decision rationale:** Per ODG guidelines, Benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 days). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. In this case, there is no documentation of any significant improvement in pain or function with prior use. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant such as selective serotonin reuptake inhibitor (SSRI). The medical records do not reveal a clinical rationale that establishes Xanax is appropriate and medically necessary for this patient. Therefore, the medical necessity of the request for this medication is not established.

**Prilosec 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The CA MTUS guidelines state Proton pump inhibitor (PPI) medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose acetylsalicylic acid (ASA)). The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events as stated above. In accordance with the CA MTUS guidelines, Prilosec is not medically necessary.

**Tramadol 150mg #60:** 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.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram ) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic; it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Chronic use of opioids is not generally supported by the medical literature. Therefore, the medical necessity of Ultram has not been established.