

<b>Case Number:</b>	CM14-0077418		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 has a subspecialty in Pain 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 patient is a 50 year old female who sustained an industrial injury on 8/31/1998. She is status post anterior cervical discectomy and fusion on 2/17/2010. The treating diagnoses are brachial neuritis or radiculitis not otherwise specified, other unspecified back disorder; and thoracic/lumbosacral neuritis/radiculitis unspecified. According to the report from 4/24/2014, she continues to have current complaints of neck pain that radiates into the bilateral upper extremities with numbness and tingling, bilateral shoulder pain, lower back pain that radiates into the bilateral lower extremities with numbness and tingling, sleep deprivation, hypertension, anxiety, stress, and depression, stomach pain related to medication, and dental decay related to medication use. Physical examination documents observed 10 degrees active cervical motion, positive spasms, positive cervical distraction, maximal foraminal compression and shoulder depression tests bilaterally, 20 degrees lumbar motion observed, positive straight leg raise at 45 degrees bilaterally, positive Braggard's, Kemp and Valsalva tests bilaterally. Her diagnoses include post-op cervical spine fusion; lumbar spine herniated nucleus pulposus (HNP); sleep deprivation; hypertension; stress, anxiety and depression; gastritis secondary to medications; dental decay secondary to medications; and post-op cervical spine fusion. Treatment plans include gym membership with pool for aqua therapy 3x6; lumbar MRI with flexion/extension views and x-rays; follow-up with [REDACTED] for neurological care; continue to recommend CPAP; pending TMJ specialist; follow up with [REDACTED] with redo fusion treatment; and physical therapy for cervical spine. She remains TTD until 6/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Halcion 0.25mg 1-2 tablets qhs (every night) #60: Upheld**

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

**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, Insomnia treatment.

**Decision rationale:** MTUS Guidelines state 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. Benzodiazepines for sleep maintenance insomnia are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. The guidelines do not recommend benzodiazepines. Clinical objective findings of insomnia are not documented and the medical records do not detail the sleep complaint. The medical records do not establish that other pharmacological treatment options have been tried, including over the counter medications. In addition, there is no documentation the patient has utilized appropriate sleep hygiene measures. As such, the request is not medically necessary.

**Xanax 1mg BID (2 times daily) #60: Upheld**

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

**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, Alprazolam (Xanax®).

**Decision rationale:** According to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. If an anxiety and depressive disorder exists, other medications, such as an antidepressant would be much more appropriate. As such, the request is not medically necessary.

**MS Contin 30mg 1 (one) q 12 hours(every 12 hours) #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-94.

**Decision rationale:** The previous progress reports appear to document the identical complaints and unchanged objective findings. The medical records do not appear to establish continuous moderately severe pain levels necessitating the use of MS Contin. There is a lack of documentation of utilization of non-opioid methods of pain control. In addition, there lacks clear and adequate documentation establishing improved pain level and function as a result of MS Contin. Based on these factors, continuation of MS Contin is not supported by the evidence based guidelines, and therefore, is not medically necessary.