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| <b>Case Number:</b>   | CM14-0095928 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 03/25/2003 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 06/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/24/2014 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 66-year-old female who reported an injury on 03/25/2003 due to heavy lifting. The injured worker's diagnoses were degeneration of cervical intervertebral disc, sleep disorder organic, cervical disc displacement, cervical radiculopathy, and carpal tunnel syndrome. Prior treatment included medication therapy. The prior diagnostics included an MRI and x-rays of the cervical spine. The injured worker's prior surgical history included surgery for a right broken leg, right hip surgery, and carpal tunnel release. The injured worker complained of low back pain daily which was a sharp stabbing pain with increasing pain upon movement with pain level rated 7/10. The injured worker indicated that she was able to perform ADLs with current medication regimen. It also notes that the patient has depression, difficulty sleeping and the pain and depression affect her ability to perform activities of daily living on her current medication regimen. On physical examination dated 04/25/2014, it was noted on axial compression of the cervical spine there was a left trapezius tenderness. The cervical spine range of motion was restricted in forward flexion, backward extension, right lateral tilt, left lateral tilt and rotation. The injured worker's medication include MS-Contin release extend tab 60 mg, Neurontin tablet 600 mg, Xanax tablet 1 mg, and Norco 10/325 mg. The provider's treatment plan was for MS-Contin tablet 60 mg, Neurontin 600 mg, Xanax 1 mg, and Norco 10/325 mg. The rationale for the request was not submitted with documentation. The Request for Authorization form was not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 mg #45 (6/3/2014 - 8/9/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** The request for Xanax 1 mg #45 for 06/03/2014 through 08/09/2014 is not medically necessary. According to the California MTUS Guidelines 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. The range of actions include sedative, hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The clinical records indicate that the injured worker had been on the requested medication since 04/2014 which exceeds the recommended time frame for this medication. There is lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement to would warrant continuation of this medication. The request for Xanax 1 mg #45 from 06/03/2014 through 08/09/2014 is not medically necessary.

**Norco 10/325 mg #180 (6/3/2014 - 8/9/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #180 from 06/03/2014 to 08/09/2014 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of patient taking opioid medications should include routine office visits and detailed documentation of the extent of the pain relief, functional status, increased activity of daily living, appropriate medication use and/or aberrant drug taking behaviors and adverse effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The documentation submitted for review indicated that the injured worker's pain rating was 7/10. It did not specify if that was with or without medication. She was also noted to have an increased ability to perform his activities of daily living with use of medications. Additionally, there was also no documentation of adverse side effects with the use of opioid. The injured worker was also not noted to have any issues with aberrant drug taking behavior; however, there was no documentation submitted for a recent drug screen showing consistent results to verify appropriate medication use. Additionally, there was no frequency mentioned for this request. The criterion for ongoing use of an opioid medication is not medically necessary.

