

<b>Case Number:</b>	CM14-0205027		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 40 year-old male who was injured on 6/6/12 when he slipped off a ladder and fell on his back injuring his left knee. A left knee MRI showed complex tear of medial and lateral meniscus, moderate cystic and degeneration of the proximal aspect of the anterior cruciate ligament. He was diagnosed with sprain and strain of the lumbosacral, pain in joint, lower leg, sprain and strain of shoulder and upper arm, neck sprain and strain, contusion of left knee, chondromalacia patellofemoral joint, left knee medial and lateral meniscus tear. In 6/2014, he had right knee arthroscopy with partial medial and lateral meniscectomy, bicompartamental chondroplasty of the medial femoral condyle and patella, and extensive synovectomy involving the patellofemoral joint, medial compartment, and lateral compartment. He post operative physical therapy. He had shoulder injections with cortisone. His medications include Norco and Fentanyl. The current request is for Hydrocodone/APAP and Xanax which was not certified by utilization review on 11/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg 1 tablet PO Q3-4 PRN, pain #180:** 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): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There is no drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.

**Xanax 2mg 1 tablet PO daily for anxiety #30:** 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 rationale:** The request for Xanax is not medically necessary. Xanax is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks. The patient was not officially diagnosed with anxiety and did not have a psychological evaluation. According to MTUS, continued use of antidepressants is an appropriate treatment for anxiety disorders. Therefore, the request is considered not medically necessary.