

<b>Case Number:</b>	CM15-0146386		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/04/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on 7-14-2013. Diagnoses include status post left shoulder arthroscopy for left rotator cuff injury, cervical strain with right greater than left radiculitis, intermittent thoracic pain, intermittent lumbar pain, and post-traumatic headaches, aggravation of depression and new onset anxiety disorder, and secondary insomnia. Treatment to date has included left shoulder surgery (2-02-2014) as well as conservative treatment including medication management, psychological evaluation, physical therapy, and diagnostics. Per the Primary Treating Physician's Progress Report dated 6-24-2015, the injured worker reported left shoulder pain, neck pain, interscapular pain, lower back pain, headaches, worsening of depression and new onset of anxiety since the injury, as well as insomnia due to shoulder pain. Physical examination of the cervical spine revealed paracervical muscle spasm and tenderness with reduced ranges of motion in extension, and right and left lateral flexion. The plan of care included medication management and traction and authorization was requested for home cervical traction unit, Celebrex 100mg, Norco 5-325mg and Xanax 1 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 1 bid #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): 74-96.

**Decision rationale:** The long-term use of opioids for chronic non-malignant pain is not supported by the MTUS guidelines due to the development of habituation and tolerance. The MTUS guidelines also note that in order to support continued opioid use, there should be improvement in pain and function. In this case, the medical records do not establish specific objective functional gains despite the ongoing utilization of opiates. The request for Norco is therefore not supported. The request for Norco 5/325mg 1 bid #60 is not medically necessary and appropriate.

**Home cervical traction unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Traction.

**Decision rationale:** According to the CA MTUS ACOEM guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The Official Disability Guideline's Neck and Upper Back Chapter recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. In this case, the medical records note a diagnosis of cervical radiculopathy and the injured worker has benefited from cervical traction during physical therapy sessions. The request for Home cervical traction unit is medically necessary and appropriate.

**Xanax 1mg qd #20:** 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): 23.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment 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 MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case,

Xanax is being prescribed for anxiety and per the MTUS Chronic Pain Medical Treatment Guidelines 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. The medical records note that benzodiazepines have been prescribed for an extended period of time. The long-term utilization of benzodiazepines is not supported per the MTUS guidelines. The medical records note that Xanax has been modified to allow #10. The request for Xanax 1mg qd #20 is not medically necessary and appropriate.