

<b>Case Number:</b>	CM15-0169349		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/24/1999
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 75 year old female, who sustained an industrial injury on 5-24-1999. The mechanism of injury was not provided. The injured worker was diagnosed as having shoulder joint pain. A recent progress report dated 7-29-2015, reported the injured worker complained of bilateral shoulder pain rated 7 out of 10 with 40% relief provided with medications. Physical examination revealed decreased tom in bilateral shoulders. Radiology studies were not provided. Treatment to date has included steroid injections, Norco since at least 3-2015 and Xanax. A CURES report from 4-28-2015 showed the injured worker was getting prescriptions from 2 physicians for Hydrocodone 10-325 (Norco) since at least May 2014. The physician requested Alprazolam 0.5mg #30 and Norco 10-325mg #150. On 8-10-2015, the Utilization Review non-certified the requested Alprazolam 0.5mg #30 and Norco 10-325mg #150, citing the MTUS guidelines for opioids and benzodiazepines. These medications are not recommended for long-term use and there was a prior issue regarding the injured worker getting prescriptions from 2 different providers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Per the guidelines, benzodiazepenes 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. 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to valium to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity for alprazolam. The request is not medically necessary.

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. The medical necessity of Norco is not substantiated in the records. The request is not medically necessary.