

<b>Case Number:</b>	CM15-0190587		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 30, 2003. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for Norco and Xanax. The claims administrator referenced an RFA form dated August 28, 2015 and an associated progress note dated August 26, 2015 in its determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported ongoing complaints of neck, upper back, and low back pain with associated radiation of pain to the upper and lower extremities. The applicant was using Xanax for anxiolytic effect in addition to Celebrex and Norco, the treating provider reported. The applicant was using a walker to move about. The applicant was still smoking, it was acknowledged. The applicant had undergone an earlier failed lumbar spine surgery, it was reported. The applicant was asked to consider injection therapy. Norco and Xanax were renewed. Permanent work restrictions imposed by a medical-legal evaluator were renewed. The applicant remained off of work, the treating provider acknowledged, with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #180 with 2 Refills: 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.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was no longer working, it was reported on August 26, 2015. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was apparently using a walker to move about, it was reported on that date. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Xanax .5 MG #90 with 5 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 90-tablet, 5-refill supply of Xanax at issue implied chronic, long-term, and/or thrice-daily usage of the same, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.