

<b>Case Number:</b>	CM15-0212861		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Emergency 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 53 year old male who sustained an industrial injury on 6-28-14. A review of the medical records indicates he is undergoing treatment for status post right shoulder reconstruction on 6-28-14 and right rib fractures-improving. Medical records (5-7-15, 6-12-15, 7-11-15, 8-6-15, 9-3-15, and 9-24-15) indicate ongoing complaints of right shoulder pain, rating "9 out of 10", right chest wall pain, rating "5 out of 10", and low back pain, rating "3 out of 10". The physical exam (9-24-15) reveals tenderness of the right shoulder "diffusely". Diminished range of motion of the right shoulder, noting flexion of 60 degrees and abduction of 50 degrees is noted. The provider indicates "this demonstrates a decline". Impingement signs are positive. Jobe and apprehension tests are positive. Diagnostic studies have included x-rays of the right shoulder and right humerus, as well as a CT scan of the right shoulder. Treatment has included a TENS unit and medications. His medications include Hydrocodone, Pantoprazole, and Xanax. He has been receiving all medications since, at least, 5-7-15. The utilization review (10-3-15) includes requests for authorization of Xanax 0.5mg #60 and Hydrocodone 10mg #120. Xanax was denied. Hydrocodone was modified to a quantity of 72.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines (2015).

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

**Decision rationale:** The requested Xanax 0.5mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has right shoulder pain, rating "9 out of 10", right chest wall pain, rating "5 out of 10", and low back pain, rating "3 out of 10". The physical exam (9-24-15) reveals tenderness of the right shoulder "diffusely". Diminished range of motion of the right shoulder, noting flexion of 60 degrees and abduction of 50 degrees is noted. The provider indicates "this demonstrates a decline". Impingement signs are positive. Jobe and apprehension tests are positive. Diagnostic studies have included x-rays of the right shoulder and right humerus, as well as a CT scan of the right shoulder. Treatment has included a TENS unit and medications. His medications include Hydrocodone, Pantoprazole, and Xanax. He has been receiving all medications since, at least, 5-7-15. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5mg, #60 is not medically necessary.

**Hydrocodone 10mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The requested Hydrocodone 10mg, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder pain, rating "9 out of 10", right chest wall pain, rating "5 out of 10", and low back pain, rating "3 out of 10". The physical exam (9-24-15) reveals tenderness of the right shoulder "diffusely". Diminished range of motion of the right shoulder, noting flexion of 60 degrees and abduction of 50 degrees is noted. The provider indicates "this demonstrates a decline". Impingement signs are positive. Jobe and apprehension tests are positive. Diagnostic studies have included x-rays of the right shoulder and right humerus, as well as a CT scan of the right shoulder. Treatment has included a TENS unit and medications. His medications include Hydrocodone, Pantoprazole, and Xanax. He has been receiving all medications since, at least, 5-7-15. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or

decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 10mg, #120 is not medically necessary.