

Case Number:	CM15-0223336		
Date Assigned:	11/19/2015	Date of Injury:	07/04/2013
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/13/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old female, who sustained an industrial injury on 7-04-2013. The injured worker was diagnosed as having status post left shoulder arthroscopy "around February 2014", cervical strain with right greater than left radiculitis, intermittent thoracic pain with burning sensation, intermittent lumbar spine pain, posttraumatic headaches, aggravation of depression and new onset anxiety disorder ("currently in remission"), and secondary insomnia due to chronic pain with intermittent symptoms. Treatment to date has included diagnostics, left shoulder surgery 2-2014, cortisone injection, physical therapy, and medications. On 9-29-2015, the injured worker complains of left shoulder pain, "overall much better with almost full range of motion with minimal neck strength", neck pain which comes and goes, burning pain in the interscapular mid back region that comes and goes, occasionally intermittent low back pain, headaches 1-2 times weekly, on and off insomnia due to shoulder pain, and "no longer depressed or anxious at this time". Urine toxicology (11-03-2014) was documented as appropriate and positive for Hydrocodone, Gabapentin, Alprazolam, and Benzodiazepine metabolites. Her work status was total temporary disability. Exam noted mood and affect as normal. Exam of the thoracic spine noted mild tenderness of T4-8 parathoracic muscles. Exam of the cervical spine noted tenderness and muscle spasm or tightness over the upper, mid and lower paracervical muscles bilaterally, and 90% of normal range of motion in extension and bilateral lateral flexion. Exam of the lumbar spine noted 70-90% of normal range of motion. Exam of the left shoulder noted a healed surgical scar, no tenderness, and negative impingement. Range of motion was

deficient by 10 degrees in abduction. Sensation was decreased in the medial forearm, medial hand, and fourth and fifth fingers in C8 dermatomal pattern. The treatment plan included to continue medications, noting Norco 5-325mg twice daily as needed, Celebrex, Gabapentin, and Xanax 1mg daily as needed ("uses about 3-5 times per week"). On 10-29-2015 Utilization Review non-certified a request for Norco 5-325mg #60 and Xanax 1mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Weaning was recommended by prior Utilization Review. As such, the request for Norco 5/325mg #60 is not medically necessary.

Xanax 1mg #20: Upheld

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

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

Decision rationale: MTUS states that benzodiazepine (ie Xanax) is "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that the patient has been on Xanax since at least June 2014, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Xanax 1mg #20 is not medical necessary.