

<b>Case Number:</b>	CM15-0224480		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	07/04/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female, who sustained an industrial injury on 07-04-2014. A review of the medical records indicates that the worker is undergoing treatment for chronic myofascial pain syndrome of the cervical spine, mild left C5 radiculopathy, left sided cervicogenic headaches and mild right carpal tunnel syndrome. Treatment has included Norco (since at least 02-03-2015), Xanax (since at least 02-03-2015), Atarax (since at least 03-03-2015) and a home exercise program. Atarax was noted as being used as needed for itching due to use of opioid medication, Subjective complaints (07-24-2015, 09-04-2015 and 10-16-2015) included constant neck and upper back pain that varied from 4-7 out of 10 without medications and 0-2 out of 10 with medications. Average pain, duration of pain relief with medication use and time it took for pain relief was not documented. The worker reported greater than 60-80% improvement in overall pain and function with current medications. Medications were noted to allow the worker to perform activities of daily living such as sitting, bending, lifting, bathing, cooking, sleeping and socializing with greater ease. Xanax was noted to be taken for anxiety with benefit although the specific benefits were not documented. The worker reported feeling mildly depressed and noted some mild problems sleeping without medications. Objective findings (07-24-2015, 09-04-2015 and 10-16-2015) included slightly decreased range of motion of the cervical and thoracic spine, multiple myofascial trigger points and taut bands noted through the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus and interscapular area muscles with positive neck compression test. A utilization review dated 10-23-2015 non-certified a request for Atarax 50 mg #120, modified a request for Norco 5-325 mg #90 to certification of Norco 5-325 mg #68 and modified a request for Xanax 0.25 mg #30 with 1 refill to certification of Xanax 0.25 mg #24.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Norco 5/325mg #90: Overturned**

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

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

**Decision rationale:** The claimant sustained a work injury in July 2014 and is being treated for neck and upper back pain, headaches, left ear tinnitus, depression, and anxiety. When seen in May 2015 medications were Norco 5/325 mg every 8 hours, Xanax 0.254 mg every 12 hours, and Atarax was being prescribed for itching attributed to opioid use at 50 mg every 8 hours as needed. In July 2015 Norco was decreased to every 12 hours and Xanax to once per day. When seen in September 2015, medications were decreasing pain from 4-5/10 to 1/10 with significantly improved activities of daily living. She was sleeping well. She felt mildly depressed. Physical examination findings included restricted cervical spine range of motion with multiple trigger points. Cervical compression testing was positive. Medications were continued. Her Norco and Xanax doses were unchanged. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Weaning to the lowest effective dose is documented. Continued prescribing was medically necessary.

### **1 prescription of Xanax 0.25mg #30 with 1 refill: 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:** The claimant sustained a work injury in July 2014 and is being treated for neck and upper back pain, headaches, left ear tinnitus, depression, and anxiety. When seen in May 2015 medications were Norco 5/325 mg every 8 hours, Xanax 0.254 mg every 12 hours, and Atarax was being prescribed for itching attributed to opioid use at 50 mg every 8 hours as needed. In July 2015 Norco was decreased to every 12 hours and Xanax to once per day. When seen in September 2015, medications were decreasing pain from 4-5/10 to 1/10 with significantly improved activities of daily living. She was sleeping well. She felt mildly depressed. Physical examination findings included restricted cervical spine range of motion with multiple trigger points. Cervical compression testing was positive. Medications were continued. Her Norco and Xanax doses were unchanged. Xanax (alprazolam) is a benzodiazepine, which is not recommended for long-term use because long-term efficacy is

unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. In this case, the claimant had tolerated weaning from three times per day to once per day. Ongoing weaning would have been expected. Continued prescribing at the same dose was not medically necessary.

**1 prescription of Atarax 50mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Opioid Therapy for Chronic Pain Working Group. VA/DoD clinical practice guideline for management of opioid therapy for chronic pain. Washington (DC): Department of Veterans Affairs, Department of Defense; 2010 May. 159 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Atarax prescribing information.

**Decision rationale:** The claimant sustained a work injury in July 2014 and is being treated for neck and upper back pain, headaches, left ear tinnitus, depression, and anxiety. When seen in May 2015 medications were Norco 5/325 mg every 8 hours, Xanax 0.254 mg every 12 hours, and Atarax was being prescribed for itching attributed to opioid use at 50 mg every 8 hours as needed. In July 2015 Norco was decreased to every 12 hours and Xanax to once per day. When seen in September 2015, medications were decreasing pain from 4-5/10 to 1/10 with significantly improved activities of daily living. She was sleeping well. She felt mildly depressed. Physical examination findings included restricted cervical spine range of motion with multiple trigger points. Cervical compression testing was positive. Medications were continued. Her Norco and Xanax doses were unchanged. Atarax (hydroxyzine hydrochloride) is indicated for the management of anxiety and tension and anxiety, control of pruritus, control of nausea and vomiting, and as adjunctive therapy in the treatment of alcoholism. In this case, the claimant is reported to have pruritus due to Norco. Appropriate management would be to consider switching the claimant to another opioid medication. Ongoing prescribing of Atarax without considering another opioid medication is not medically necessary.