

<b>Case Number:</b>	CM15-0031049		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old female sustained an industrial injury on 4/1/03, with subsequent ongoing bilateral wrist and cervical spine pain. In a PR-2 dated 12/19/14, the injured worker complained of cervical spine pain with spasms, right wrist pain and bilateral hand pain with radiation to bilateral upper extremities. The injured worker rated her pain 5/10 on the visual analog scale and stated that medications reduced her pain by about 35%. Physical exam was remarkable for cervical spine with tenderness to palpation and spasm over the paravertebral and trapezius musculature with restricted range of motion and bilateral with effusion and negative Tinel's, Phalen and Finkelstein tests. Current diagnoses included bilateral wrist tendinitis and cervical spine multilevel disk bulges. The treatment plan included continuing medications Xanax, Doral and Tylenol No. 4. On 1/22/15, Utilization Review noncertified a request for Acetaminophen/ COD #4 #60 and Doral 15mg #60 and modified a request for Alprazolam 1mg #60 to Alprazolam 1mg #48 citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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. In this case, the claimant has been treated with Xanax for longer than the recommended 4 weeks. Ongoing use of alprazolam is not medically indicated.

**Acetaminophen/COD #4 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of opioid therapy with acetaminophen-codeine.

**Doral 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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. In this case, the claimant has been treated with Xanax for longer than the recommended 4 weeks. Ongoing use of Doral (quazepam) is not medically indicated.