

<b>Case Number:</b>	CM15-0045384		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 56-year-old female, who sustained an industrial injury on 6/29/2000. The details of the initial injury and a complete list of prior conservative treatments were not submitted for this review. The medical records indicated bilateral knee and back pain with a long history of anxiety and depression requiring medication therapy. The diagnoses have included lumbago, low back pain, and knee pain/joint pain. Currently, the IW complains of diffuse knee pain and back pain rated 7/10 with medication. The physical examination from 2/19/15 documented positive McMurray's tests bilaterally, lumbar facet tenderness and decreased lumbar Range of Motion (ROM). The plan of care included continued medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbago, low back pain; knee pain/joint pain leg; and encounter long-term prescription use. The earliest documentation of medical record is dated August 26, 2014. The documentation indicates the injured worker presented to the emergency department and spoke of a possible psychotic break. The injured worker was taking Xanax 1 mg four times a day and Norco eight tablets per day. The injured worker admits to being on Xanax since 16 years old (predates the date of injury). Progress note dated November 22, 2015 shows the injured worker had a VAS pain scale of 7/10. A progress note dated February 19, 2015 showed the worker had a pain scale of 7/10. There were no psychiatric progress notes in the medical record with a clinical indication/rationale for continued Xanax use. Subjectively, the injured worker has not had anxiety documented in the record at this visit. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Again, there are no psychiatric or psychological notes in the medical record to support the ongoing use of Xanax. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Xanax and gauge its efficacy without psychiatric input, Xanax 1 mg is not medically necessary.

**Hydrocodone 10/325mg #240 1-2 tablets po 4 hours prn pain #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 10/325 mg # 240, 1 to 2 tablets by mouth every four hours is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are lumbago, low back pain; knee pain/joint pain leg; and encounter long-term prescription use. The earliest

documentation of medical record is dated August 26, 2014. The injured worker was taking Xanax 1 mg four times a day and Norco eight tablets per day. Progress note dated November 22, 2015 shows the injured worker had a VAS pain scale of 7/10. A progress note dated February 19, 2015 showed the worker had a pain scale of 7/10. There were no psychiatric progress notes in the medical record with a clinical indication/rationale for continued Xanax use. Subjectively, the injured worker did not experience continued Norco analgesic effects. The injured worker had a VAS pain scale of 7/10 in the latest progress note (February 19, 2015). There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement with ongoing Norco. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco and to gauge its efficacy, Hydrocodone 10/325 mg #240, 1 to 2 tablets by mouth every four hours is not medically necessary.