

<b>Case Number:</b>	CM15-0047038		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 22, 2003. In a Utilization Review report dated February 10, 2015, the claims administrator failed to approve requests for Norco, oxycodone, OxyContin, and Xanax. Xanax was apparently partially approved for weaning or tapering purposes. A historical Utilization Review report of December 10, 2014 and a progress note of January 13, 2015 were referenced in the determination. The claims administrator stated that some of its denials were based on ODG's drug formulary as opposed to on medical necessity grounds. The applicant's attorney subsequently appealed. In a progress note dated January 13, 2015, the applicant reported ongoing complaints of neck pain status post failed cervical spine surgery. 8/10 pain with medications was reported. The applicant was on OxyContin, Nexium, Xanax, oxycodone, and Norco, it was acknowledged. Stiffness, insomnia, fatigue, anxiety, and depression were reported. The applicant stated that her pain complaints were making it difficult for her to perform her own self-care, it was suggested in the review of systems section of the note. The applicant seemingly suggested that she needed assistance to perform activities of self-care. Norco, oxycodone, OxyContin, and Xanax were renewed. The applicant had already been deemed "permanently disabled", the treating provider acknowledged. The attending provider stated that the applicant's medications were keeping him out of the hospital.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, Norco and oxycodone. Therefore, the request is not medically necessary.

**Oxycodone 30mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, Norco and oxycodone. Therefore, the request is not medically necessary.

**Oxycontin 40mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant had been deemed permanently disabled, it was acknowledged on a progress note of January 13, 2015, referenced

above. The applicant continued to report severe, 8/10 pain complaints on that date. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing OxyContin usage. The applicant's commentary to the effect that her medications were keeping her out of the Emergency Department did not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of ongoing medication consumption, including ongoing OxyContin usage. Therefore, the request is not medically necessary.

**Xanax 1mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Finally, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods", in cases of overwhelming symptoms, in this case, however, the 90-tablet, three-refill supply of Xanax at issue represents chronic, long-term, and/or scheduled usage of the same. Such usage is, however, incompatible with ACOEM Chapter 15, page 402. It is further noted that ongoing usage of Xanax does not appear to have appreciably attenuated the applicant's complaints of depression, anxiety, and insomnia. Therefore, the request is not medically necessary.