

<b>Case Number:</b>	CM15-0048889		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/26/1986
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: 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 62 year old male who sustained an industrial injury on 2/26/1986. His diagnoses, and/or impressions, include abdominal pain; irritable bowel syndrome; spastic colon; lactose intolerance, chronic pancreatitis; anxiety and depression; and failed laminectomy syndrome with chronic back pain and muscle spasms. There is no record of recent computed tomography or magnetic resonance imaging studies. He has been treated with Loperamide and Bentyl for his stomach complaints, for which he does not find it helpful; Norco for his back and abdominal pain, for which he notes a 50% pain reduction along with increased functional status; Xanax as needed for anxiety and panic episodes; and use of an electric scooter for ambulation. In the progress notes of 1/27/2015, the injured worker reports worsening abdominal cramps with intermittent diarrhea and constipation. His treating physician reports that the abdomen was soft but tender over the epigastric area, without guarding or rebound, and with positive bowel sounds throughout; and right-sided, non-radiating back pain, an absent right Achilles reflex, and good strength in the bilateral lower extremity muscle group; he is requesting Norco and Xanax to be continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #140:** Upheld

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

**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, Norco 10/325 mg # 140 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. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are history failed laminectomy syndrome chronic back pain, muscle spasms; irritable bowel, spastic colon; history lactose intolerance; history chronic pancreatitis; and history psychological stress factors including major depression, personality disorder, history anxiety disorder. The oldest progress known in the medical record dated October 22, 2013 shows Norco 10/325 mg was prescribed and being taken 4 to 5 times daily for abdominal and back pain. Progress note dated December 12, 2013 shows Xanax was started at 0.5 mg TID. In November 2014 and December 2014 the VAS pain scale was 8/10. Progress note dated January 27, 2015 contain a VAS pain score of 8/10 with medications and 10/10 without medications. The injured worker states a 50% improvement in pain with medications and a 50% functional improvement with medications. This is carried through multiple progress notes. There is no physician documentation of objective functional improvement. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There are no attempts at weaning despite multiple recommendations by utilization review physician(s) regarding Norco's ongoing use. Additionally, the injured worker takes Norco for chronic abdominal pain. The diagnoses indicate the injured worker has irritable bowel, spastic colon. There is no specific work related abdominal pain injury. Narcotic/opiate treatment for irritable bowel related of abdominal pain is not appropriate. Consequently, absent compelling clinical documentation with objective functional improvement, attempted weaning, pain assessments and risk assessments, Norco 10/325 mg #140 is not medically necessary.

**Xanax 0.5 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 0.5 mg #90 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 history failed laminectomy syndrome chronic back pain, muscle spasms; irritable bowel, spastic colon; history lactose intolerance; history chronic pancreatitis; and history psychological stress factors including major depression, personality disorder, history anxiety disorder. Xanax was first prescribed December 12, 2013. The starting dose was Xanax 0.5 mg TID. The most recent progress note in the medical record dated January 27, 2015 showed Xanax 0.5 mg TID was continued. Subjectively, the injured worker had a VAS pain scale of 8/10 with medication and 10/10 without medications. The injured worker indicates a 50% improvement with medication with a 50% functional improvement. There is no physician documentation of objective functional improvement (for anxiety) with ongoing Xanax. Xanax is 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. Xanax has been prescribed for approximately 2 years. This is well in excess of the recommended guidelines. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines (not to be used long-term, longer than two weeks), Xanax 0.5 mg #90 is not medically necessary.