

<b>Case Number:</b>	CM15-0052750		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/16/2004
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 58 year old female sustained an industrial injury on 9/16/04. She subsequently reported back and neck pain. There was associated complaint of numbness and tingling of the extremities. Diagnoses neck, low back, elbows and wrist pain. The objective findings were noted as muscle spasm. The injured worker continues to require Zoloft, pain and GI medication refills. No other detail was provided in the clinic notes. A request for Alprazolam and Hydrocodone medications were made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5 mg Qty 60 (retrospective 12/19/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short term periods for the treatment of anxiety or insomnia. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with opioids. The records did not indicate that indication for the use of Alprazolam. There is no documentation of guideline required compliance monitoring of UDS, absence of aberrant behavior, CURES reports or functional restoration. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic and anxiolytic properties be utilized for long term treatment of chronic pain patients with co-existing anxiety disorder. The criteria for the use of Clonazepam 0.5mg #60 retrospective 12/19/2014 was not met.

**Hydrocodone 10/325 mg Qty 120 (retrospective 12/19/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term periods during exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. There is no documentation of guidelines required compliance monitoring of UDS, absence of aberrant behavior, CURES reports or functional restoration. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic and anxiolytic properties be utilized for long term treatment of chronic pain patients with co-existing anxiety disorder. The criteria for the use of Hydrocodone /APAP 10/325 #120 retrospective DOS 12/19/2014 was not met.