

<b>Case Number:</b>	CM15-0058906		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 February 19, 2008. He reported neck pain, left shoulder pain, left wrist, hand pain, and radicular symptoms in bilateral upper extremities. The injured worker was diagnosed as having multilevel disc disease and protrusions of the cervical spine, cervical foraminal stenosis, cervical radiculopathy, moderate left carpal tunnel, severe right carpal tunnel and mild cubital tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, and surgical interventions of the left shoulder, left index finger and left carpal tunnel surgery, medications and work restrictions. Currently, the injured worker complains of neck pain, left shoulder pain, left wrist, hand pain, and radicular symptoms in bilateral upper extremities. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 26, 2015, revealed continued pain. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg, one tab five times a day #150:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient has a date of injury of 02/19/08 and presents with chronic neck, bilateral shoulder and left wrist pain. The patient is status post left shoulder arthroscopy on 08/13/14 and left CTR and trigger finger release on 08/13/14. The current request is for Percocet 10/325mg one tab five times a day #150. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The medical file provided for review includes one progress report dated 01/26/15. According to this report the patient has previously weaned down his use of Percocet, but "due to the physical demands at work, including a 32-hour shift, the patient has been experiencing increased flare-up of his neck pain." The request is to increase his prescription to Percocet 10/325mg #150. The treating physician states that urine drug screens have been consistent and the patient reported no side effects with using Percocet. In this case, the treating physician has provided adequate documentation addressing all the 4A's, as required by MTUS for opiate management. This request is medically necessary.

**Xanax 0.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

**Decision rationale:** This patient has a date of injury of 02/19/08 and presents with chronic neck, bilateral shoulder and left wrist pain. The patient is status post left shoulder arthroscopy on 08/13/14 and left CTR and trigger finger release on 08/13/14. The current request is for XANAX 0.5MG #60. The MTUS Guidelines, page 24, state, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is risk of dependence." Most guidelines limit use to 4 weeks. The medical file provided for review includes one progress report dated 01/26/15. According to this report, Xanax is a current medication and a request was made for Xanax #60. Given that this medication has been prescribed for long-term use, continuation cannot be recommended. The MTUS Guidelines recommend maximum of 4 weeks due to "unproven efficacy and risk of dependence." The requested Xanax is not medically necessary.

