

<b>Case Number:</b>	CM15-0121679		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	10/10/1992
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 45 year old female with a June 10, 1992 date of injury. A progress note dated May 22, 2015 documents subjective complaints (here for pain control and medications), objective findings (walks in a relaxed manner without a painful gait), and current diagnoses (reflex sympathetic dystrophy; agoraphobia with panic disorder; neuralgia, neuritis, and radiculitis, unspecified; posttraumatic stress disorder). A previous progress note dated January 30, 2015 notes symptoms of a numb foot that throws the lower back and hip off and causes constant pain. Treatments to date have included medications, psychotherapy, and imaging studies. The medical record indicates that the injured worker was developing a reaction to Morphine, and that OxyContin was the only common long-acting narcotic that she had not tried. The treating physician documented a plan of care that included Xanax and OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #120:** Upheld

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

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

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. She also has diagnoses of PTSD and agoraphobia / panic disorder. When seen, there had been medication side effects. Her examination was unchanged. Brand name Duragesic and Oxycodone were prescribed at a total MED (morphine equivalent dose) of 300 mg per day. Xanax was being prescribed on a long-term basis. Xanax is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. A more appropriate treatment for anxiety disorder would be an antidepressant. In this case, the claimant has been prescribed Xanax on a long-term basis. If being used for anxiety, there are other preferred treatments. Continued use of Xanax may actually be increasing her anxiety. Therefore the request is not medically necessary.

**Oxycodone 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. She also has diagnoses of PTSD and agoraphobia / panic disorder. When seen, there had been medication side effects. Her examination was unchanged. Brand name Duragesic and oxycodone were prescribed at a total MED (morphine equivalent dose) of 300 mg per day. Xanax was being prescribed on a long-term basis. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. The claimant appears to be having medication side effects and pain control is not documented. Ongoing prescribing at this dose is not medically necessary.