

<b>Case Number:</b>	CM15-0172205		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Hawaii  
 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 53 year old male who sustained an industrial injury on 06-28-2014. According to a progress report dated 07-11-2015 the injured worker reported right shoulder pain increasing, 9 on a scale of 1-10. Right chest wall pain was rated 5. Low back pain was rated 3. Medications included Hydrocodone, Pantoprazole and Xanax. Objective findings included tenderness of the right shoulder diffusely. No signs of infection were noted. Incision was well healed. Right shoulder flexion was 60 degrees and abduction was 50 degrees. "This demonstrates a decline". Positive impingement signs were noted. Positive Jobe and apprehension was noted. Diagnosis included status post right shoulder reconstruction on industrial basis 06-28-2014 and rib fracture improving right. The treatment plan included request for right shoulder arthroscopy, continue TENS and continue with request for topical compound. The injured worker was prescribed Hydrocodone, Pantoprazole and Xanax. Risk assessment was noted as high risk with poor response to opioids in the past, depression and no return to work for period of several months. The injured worker was temporarily partially disabled with no lifting with the right upper extremity, no at or above shoulder level activities involving right upper extremity. A follow up was recommended for 3 weeks. According to a progress report dated 08-06-2015, pain scores remained unchanged. Work status remained unchanged. Documentation submitted for review shows use of Hydrocodone dating back to 2014 and use of Xanax dating back to 02-26-2015. Computed tomography scan of the right shoulder performed on 05-12-2015 showed solid osseous healing at the lateral clavicular fracture site transfixed by a fixation plate and screw in near anatomical alignment. There was a small persistent lucency within posterior

aspect of the clavicle. Heterotopic ossification in the region of the coracoclavicular and coracoacromial ligament consistent with prior injury was noted. Mild AC joint subluxation was noted. Urine drug testing performed on 04-16-2015 was positive for opiates and positive but below reporting cutoff for benzodiazepines. On 08/07/2015, Utilization Review modified the request for Xanax 0.5 mg #60 and Hydrocodone 10 mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Xanax 0.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The patient presents with pain affecting the right shoulder, right chest wall, and low back. The current request is for Xanax 0.5 mg #60. The treating physician report dated 2/26/15 (73C) states, "Prescribed Xanax 0.5 mg twice a day #60." MTUS page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical reports provided show the patient has been taking Xanax since at least 2/26/15 (73C). In this case, the current request for Xanax is outside the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.

**Hydrocodone 10 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with pain affecting the right shoulder, right chest wall, and low back. The current request is for Hydrocodone 10 mg #120. The treating physician report dated 8/6/15 (31C) states, "Medication facilitates improve tolerance to a variety of activity and does facilitate maintenance of ADLs." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Hydrocodone since at least 11/8/14 (66C). The report dated 8/6/15 notes that the patient's pain level is 3-9/10. No

adverse effects or adverse behavior were noted by patient. The patient is able to maintain ADL's, and his tolerance to activity has improved. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Hydrocodone has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.