

<b>Case Number:</b>	CM15-0078554		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/19/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male, who sustained an industrial injury on January 19, 2008. The injured worker was diagnosed as having status post L3-L4 fusion 2010, status post L3-L4 incision and drainage (I&D), L4-L5 disc displacement, post-operative left leg radiculopathy, chronic intractable pain, facet arthropathy at L4-L5 and L5-S1, left L3-L4 foraminal stenosis, and L3-L4 pseudarthrosis. Treatment to date has included MRI, CT scan of the lumbar spine, lumbar fusion, and medication. Currently, the injured worker complains of lower back pain with numbness in the left posterior thigh to the calf, rated a 5/10 on the visual analog scale (VAS). The Primary Treating Physician's report dated April 1, 2015, noted the injured worker's current medications as Norco and Xanax. The injured worker was noted to walk with a significant antalgic gait pattern favoring the right lower extremity and utilizing a single point cane for ambulation. Palpable tenderness was noted of the paravertebral muscles bilaterally with tenderness centrally in the lumbar spine. The treatment plan was noted to include a pain management care appointment, and new prescriptions for Norco and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 2 mg #45:** 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 rationale:** Xanax 2 mg #45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax already. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and exceeding the recommended 4 week time period. The request for Xanax is not medically necessary.

**Norco 10/325 mg #180:** 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 Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325 mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without significant objective functional improvement therefore the request for continued Norco is not medically necessary.