

<b>Case Number:</b>	CM15-0095355		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Preventive Medicine, Occupational 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:

This 67 year old man sustained an industrial injury on 6/10/2010. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain with degenerative disc disease and lumbar spine sprain/strain with degenerative disc disease. Treatment has included oral medications. Physician notes on a PR-2 dated 4/2/2015 show complaints of lumbar spine pain rated 5-6/10. Recommendations include pain management consultation, Tramadol, Xanax, stop Norco, and follow up in three to four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg 1 by mouth TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Chapter: Pain (Chronic), Alprazolam (Xanax).

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

**Decision rationale:** MTUS Guidelines are very specific stating that Benzodiazepines are not recommended for long-term use. There are other alternative recommend medications for medical issue associated with Benzodiazepine use. There are no unusual circumstances that would justify an exception to Guidelines. The Xanax .25mg 1 po TID #90 is not supported by Guidelines and is not medically necessary.

**Tramadol 50mg 1 by mouth BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support a rotation or trial of different opioids if a particular one has not been effective. This individual had been on a different opioid, which is being discontinued. A trial of an opioid with dual mechanisms (Tramadol) is consistent with Guidelines. If it is not effective and continues to be prescribed this can be reviewed at a future date. At this point in time the Tramadol 50mg 1 by mouth BID #60 is supported by Guidelines and is medically necessary.