

Case Number:	CM13-0006028		
Date Assigned:	12/18/2013	Date of Injury:	07/17/2008
Decision Date:	05/28/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female, with date of injury reported on 07/17/2008, caused by repetitive movement while at work. She underwent an MRI on 12/27/2010, which revealed a disc protrusion that was concurrent with her symptoms. The injured worker received a cervical epidural steroid injection on 07/31/2012. The injured worker reported an increase in grip strength and "considerable" functional improvement for approximately a year after the cervical epidural steroid injection. The injured workers medication regimen included Zanaflex, Xanax, Buprenorphine, venlafaxine, Atenolol, hydrochlorothiazide, synthroid, Mirtazapine and Celexa. The injured workers diagnoses were cervical disc displacement without myelopathy, neck pain, psychogenic pain, long term medication use and therapeutic drug monitoring. According to the clinical note dated 08/12/2013, the injured worker was no longer taking Xanax; she was however taking the Buprenorphine HCL 1mg every 12 hours. The request for authorization for Xanax 0.25MG, #15, every other day and Buprenorphine 0.25MG, #240 - sublingual troches 2 tablets 3 times daily increasing to 4/day as tolerated was received on 08/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.25MG, #15, EVERY OTHER DAY: 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: The request for Xanax 0.25mg, #15, every other day is not medically necessary. According to the CA MTUS guidelines Benzodiazepines are not recommended for long term use because the effect is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The tolerance to hypnotic effects develop rapidly and long-term use may actually increase anxiety. According to the clinical note dated 05/06/2010 the injured worker was taking xanax on or before that date of service. The provided clinical documents show a period of approximately three years of xanax use, which would exceed the guideline recommendations. There was a lack of documentation detailing the efficacy of the medication. Therefore, the request for XANAX 0.25MG, #15, every other day is not medically necessary.

BUPRENORPHINE 0.25MG, #240 - SUBLINGUAL TROCHES 2 TABLETS 3 TIMES DAILY INCREASING TO 4/DAY AS TOLERATED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The request for Buprenorphine 0.25mg, #240 - sublingual troches 2 tablets 3 times daily increasing to 4/day as tolerated is non-certified. according to the CA MTUS guideline buprenorphine is recommended as an option for chronic pain especially after detoxification in patients who have a history of opiate addiction. According to the CA MTUS guidelines the effectiveness is limited to short-term pain relief. Failure to respond to a time limited course of opioids has led to the recommendation of alternative therapy. It is now suggested that instead of focusing on pain severity, improvements of functional outcomes should be evaluated. There is a lack of documentation provided regarding any history of opioid abuse. According to clinical documentation provided from 06/21/2013, the injured worker has been taking taking Buprenorphine 1mg twice a day on or before that date of service, which exceeds recommended therapeutic treatment. Additionally, there was a lack of documentation detailing the efficacy of the medication. Therefore, the request for for Buprenorphine 0.25MG, #240 - sublingual troches 2 tablets 3 times daily increasing to 4/day as tolerated is not medically necessary.