

Case Number:	CM13-0017258		
Date Assigned:	12/11/2013	Date of Injury:	04/16/2002
Decision Date:	02/04/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 16, 2002. The applicant's case and care have been complicated by epilepsy, anxiety, depression, and myofascial pain syndrome. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; anxiolytic medications; attorney representation; prior lumbar spine surgery; subsequent hardware removal; adjuvant medication; and a spinal cord stimulator. In a Utilization Review Report of August 9, 2013, the claims administrator partially certified a request for Avinza as a tapering or weaning supply of the same, also partially certified Xanax as a tapering or weaning supply of the same, and approved a urine-drug screen. The applicant's attorney subsequently appealed. A late note of December 2, 2013 is notable for comments that the applicant reports persistent, frequent, throbbing low back pain radiating to the bilateral legs. Pain ranges from 8/10 on a good day to 10/10 on a bad day. Limited lumbar range of motion is noted. The applicant's medication list includes Elavil, Xanax, Norco, Avinza, Topamax, and Lidoderm. Lower extremity strength ranges from 4+ to 5/5. Medications are again refilled. The applicant is reportedly frustrated. She believes that her spinal cord stimulator is not functioning properly. The applicant is asked to consider an epidural injection. Medications are again refilled. An earlier note of November 5, 2013 is notable for comments that the applicant is again pursuing a repeat epidural steroid injection and should continue usage of a spinal cord stimulator as well as Avinza.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription of Avinza 30 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 23, 80.

Decision rationale: No, the request for Avinza 30 mg, #30, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of MTUS Chronic Pain Medical Treatment Guidelines, Avinza is a brand of long-acting morphine. In this case, however, there is no evidence that the applicant meets criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, it does not appear that the applicant has returned to work. There is likewise no evidence of improved function or reduced pain affected as a result of ongoing opioid usage. As the applicant herself notes, her pain on good days is 8/10 and on bad days is 10/10. Thus, whatever pain relief is being effected by Avinza and/or other opioids appears marginal and is outweighed by the applicant's failure to return to any form of work and failure to effect any improvement in terms of functioning. Therefore, the request remains non-certified, on Independent Medical Review.

Request for 1 prescription of Alprazolam 0.5 mg, #30: Upheld

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

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

Decision rationale: Similarly, the request for Xanax or alprazolam 0.5 mg, #30, is also not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic or long-term usage of benzodiazepines is not recommended, for pain, muscle relaxant effect, sedative effect, anxiolytic effect, hypnotic effect, etc. Thus, the request is not certified both owing to the unfavorable MTUS recommendation and owing to the fact that the applicant has failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f through usage of this or other medications. The applicant has failed to return to work. The applicant remains highly reliant on various medical treatments, including injections, a spinal cord stimulator, adjuvant medications, etc. Therefore, the request remains non-certified, on Independent Medical Review.