

Case Number:	CM13-0023456		
Date Assigned:	11/15/2013	Date of Injury:	04/12/2004
Decision Date:	01/29/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Family Practice and is licensed to practice in Texas. 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.

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 patient is a 47-year-old female who reported injury on 04/12/2004 with the mechanism of injury being the patient was carrying 10 pairs of pants in each arm and tripped over the pants as she was walking but did not fall. The patient was noted to have low back pain a 9/10, neck pain 10/10, left shoulder pain a 9/10, and right shoulder pain 7/10. The patient was noted to have anxiety, depression, insomnia, and nervousness resulting from the work related trauma. The patient's diagnoses were noted to include anxiety, insomnia, bilateral shoulder pain non-industrial, cervical pain non-industrial, and residual left lower extremity slight weakness of L5, as well as status post L4-S1 solid fusion with retained pedicle screws. Request was made for 1 prescription of Tylenol No. 3 #90 and 1 prescription of Xanax 1 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription of Tylenol #3, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Pure-Agonist, On-going Management, Codeine Page(s): 74,78, 92.

Decision rationale: California MTUS Guidelines indicate that Tylenol with codeine 3 should be used for moderate to severe pain. The clinical documentation submitted for review indicated the

patient had a urine drug screen which revealed the patient had not previously been taking Tylenol No. 3. It was noted the patient had low back pain of 9/10, neck pain of 10/10, left shoulder pain of 9/10, and right shoulder pain of 7/10. However, per the submitted documentation, the request was noted to be for Tylenol No. 3 #60, and the request that was submitted was for Tylenol No. 3 #90. The clinical documentation submitted for review failed to provide the necessity for 90 tablets of Tylenol No. 3. As such, due to the lack of documented clarification and justification for 90 tablets, the request for one (1) prescription of Tylenol #3, #90 is not medically necessary

One (1) prescription of Xanax 1mg, #60: 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: California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review indicated the patient had not been taking benzodiazepines. It was noted that the request for Xanax was for sleep. The request per the physician was noted to be for 90 tablets; however, the submitted request was for 60 tablets. Clinical documentation failed to provide the necessity for 60 tablets. Given the above, and the lack of clarification, the request for one (1) prescription of Xanax 1mg, #60 is not medically necessary