

Case Number:	CM13-0045550		
Date Assigned:	12/27/2013	Date of Injury:	11/13/2003
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This 53-year-old male sustained injury on 11/13/2003 to his lower back while was painting outside a building when he slipped and fell about 10 feet down on his right buttock. The lumbar x-rays dated 06/21/2013 showed mild osteopenia and degenerative changes noted. Old mild (5-10%) compression T12 and T11 vertebral bodies. Lumbar MRI dated 06/21/2013 showed L5-S1 disc protrusion with facet arthropathy and lateral recess stenosis. Mild bilateral facet arthropathy and minimal discogenic degenerative change L4-5 and L3-4 levels without significant canal or neural encroachment. A note dated 10/15/2013 by [REDACTED] indicate he presented with pain in his lower back and leg with sciatica in both legs. The pain was constant and aching with pain scale of 6/10 with medications. His current medications list included Ambien CR 12.5 mg. He was also taking Norco 10/325 mg and Xanax 0.5 mg. On physical exam, pain on lumbar spine palpation at midline and paraspinal muscles, tenderness over bilateral paralumbar region, markedly painful lumbar flexion, and markedly painful and limited extension. Bilateral lower extremities exam was normal with full range of motion. He was diagnosed with lumbago. He was prescribed Norco 10/325 mg and Xanax 0.5 mg. Treatment plan was referred to [REDACTED] [REDACTED] for surgical evaluation and continued meds for now. The current review is for Norco 10/325 #270 with 1 refill and Xanax 0.5 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #270 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91.

Decision rationale: The Physician Reviewer's decision rationale: As per CA MTUS guidelines, there is limited efficacy for long-term use of opioid medication and should be limited to short-term pain relief. Further guidelines recommend that continue use of opioids is recommended if the patient has improved functioning and pain. The provider's note dated 10/15/2013 indicates he continued to have severe and constant pain. His pain level documented was 5-6/10 for at least past year and half despite taking this medication. Therefore, the request for Norco 10/325 #270 with 1 refill is non-certified. Also, gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms.

Xanax .05mg #60 with 1 refill: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: As per CA MTUS guidelines, the use of benzodiazepines is not recommended for long-term use due to risk of dependence. There is documentation that he has been taking this medication for at least 1 to 1-1/2 years and guidelines limit the use to 4 weeks. There is also no sufficient data available for long-term efficacy and is considered experimental. Therefore, the request for Xanax 0.5 mg #60 is non-certified.