MAXIMUS Federal Services

Case Number:	CM13-0052558		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2002
Decision Date:	05/09/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 60-year-old female who reported an injury on 11/07/2002. Review of the medical record reveals the patient is being treated for chronic neck and low back pain. The most recent clinical note dated 12/03/2013 reveals the patient continues to have ongoing pain, and depression with insomnia. The patient was receiving medication management to include psychopharmacotherapy. The patient is anxious with panic feelings. She is agitated and having quite difficulty sleeping. The patient complained of low back pain which she rated 8/10 on pain scale, with radiation to the lower extremities. She also had complaints of neck pain which she rates 7/10. The patient is also suffering from hallucinations as well as ongoing depression. Objective findings upon examination of the cervical spine revealed foraminal compression test aggravates the patient's chief complaint. There was reduced range of motion with pain on motion to the cervical paraspinal muscles. Examination of the lumbar spine reveals sciatic stretch sign was positive, and there was reduced range of motion with pain motion to the lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: Per California MTUS, it is stated that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use of benzodiazepines to 4 weeks. The patient has been taking the requested medication for a significant amount of time, and continues to have significant complaints of pain and decreased range of motion. As there have been no significant changes in the patient's level of pain or functional capabilities with the use of the requested medication, the medical necessity for continued use cannot be determined at this time and the request for Xanax 1 mg #30 is non-certified. However, the requested medication is a benzodiazepine and per California MTUS Guidelines, it is stated that tapering is required if used for greater than 2 weeks. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.

NORCO 10/325MG #60: 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): 78.

Decision rationale: The Expert Reviewer's decision rationale: Per California MTUS Guidelines, it is stated that with the use of opioids for ongoing treatment of pain, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should also be pain assessment provided in the medical record. There is no documentation provided in the medical record of any ongoing review and documentation of the patient's pain relief, or increase in the patient's functional status or pain assessments. As such, the medical necessity for continuation of the requested medication cannot be determined at this time. The patient has been taking the requested medication for a significant amount of time, and continues to have significant complaints of pain. Therefore, the request for Norco 10/325 mg #60 is non-certified. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.