

Case Number:	CM13-0054803		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2007
Decision Date:	03/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with date of injury on 02/05/2007. The patient continues with neck and arm pain that he rates comes down to a 7/10 with medications. The patient reports having an average pain control of 1 to 3 points down on the VAS scale. Exam findings indicate tenderness to palpation of the right and mid cervical facet joints. Spurling sign is positive for the left. The patient continues with persistent left C6 and C7 pattern decreased sensation. Evaluation of the lumbar spine indicates tenderness to palpation over the right lumbar facets, left lumbar facets. Utilization review letter dated 11/01/2013 issued noncertification of requested medications including Norco 10/325 mg #240 and Xanax 0.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78-79.

Decision rationale: The patient continues with neck pain and low back pain. The patient had reported decrease of 1 to 3 points on the VAS scale with use of medications. The progress report from 12/20/2013 indicated the patient had a consistent urine drug screen. MTUS Guidelines page 88 and 89 regarding long-term use of opioids states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MTUS page 78, regarding ongoing management, recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. MTUS further states that pain assessment should include: current pain, the least reported pain over the periods since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief last. The 9 reports reviewed from between the dates of 05/24/2013 and 12/20/2013 which had sparse documentation of the recommended monitoring recommended by MTUS. There was no mention of evaluation of adverse side effects or the amount of functional improvement in the patient's activities of daily living provided by this medication. There was no mention of return to work, significant changes in ADL's due to medication, no discussion regarding the outcome measures as required by MTUS guidelines. Therefore, recommendation is for denial.

Xanax 0.5mg #60: 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 patient continues with neck pain and low back pain. The records indicate that the patient also experiences some anxiety. The patient has been prescribed Xanax for several months. MTUS Guidelines regarding benzodiazepines states that they are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been on this medication for several months which is not recommended by the guidelines noted above. Therefore, recommendation is for denial.