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| Case Number: | CM13-0061780 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/14/2008 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported an injury on 02/14/2008. The diagnoses include postlaminectomy syndrome of the cervical region. The documentation of 11/07/2013 revealed the injured worker had neck pain, low back pain, hip pain, bilateral foot pain and deformity and bilateral jaw pain. The precise mechanism of injury was not provided. The documentation indicated the injured worker had remained under the care of a physician and had been maintained on high doses of narcotics and benzodiazepines. A narcotic contract was signed. The diagnoses included narcotic dependency status post L4-5 lumbar fusion, status post C4 through C7 anterior discectomy and cervical fusion and avascular necrosis of the left hip. The plan included pool therapy, ankle-foot orthopedic surgical consultation, baseline lab studies, nuclear medicine scan with findings of probable diffuse AVN related to steroid exposure, Oxycodone, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX ER 2MG #30: 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 California MTUS Guidelines do not recommend benzodiazepines for the treatment of chronic pain and should not be utilized for longer than 3 weeks due to the high risk of psychological and physiological dependence. The clinical documentation submitted for review, per the physician, indicated the injured worker had been on the medication for a long duration. There was a lack of documentation of the efficacy of the requested medication. The request, as submitted, failed to indicate the frequency for the medication. Given the above, the request for Xanax ER 30 tablets 2 mg is not medically necessary.

OXYCODONE 30MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, and Ongoing Management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The documentation of 11/07/2013 revealed the injured worker had been utilizing the medication for a long duration of time. There was a lack of documentation of objective improvement in function and objective decrease in pain and documentation of side effects. There was evidence the injured worker was being monitored for aberrant drug behavior, as the injured worker signed a narcotic agreement on the date of visit. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone 150 tablets, 30 mg, is not medically necessary.