

Case Number:	CM13-0067037		
Date Assigned:	01/03/2014	Date of Injury:	06/22/2006
Decision Date:	05/19/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 & 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 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 56-year-old male with a date of injury of 06/22/2006. The listed diagnoses per [REDACTED] are: 1. Degeneration of cervical intervertebral disk. 2. Lumbar disk displacement. 3. Cervical disk displacement. 4. Cervical radiculitis. 5. Low back pain. 6. Lumbar radiculopathy. 7. Post laminectomy syndrome of lumbar region. According to report dated 11/13/2013 by [REDACTED], the patient presents with continued complaints of low back pain. The patient describes pain as sharp, stabbing, burning, constant, and radiating. Pain radiates into the left buttock and lateral thigh. Numbness, paresthesia, and weakness are noted. Pain level is 6-7/10. Patient underwent a UDS today and it is consistent with his medication. Patient is taking Norco on as needed basis. He also breaks it down to half-tablets at times. Patient's medication regimen includes Xanax 1 mg, Lunesta 3 mg, Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

Decision rationale: This patient presents with chronic low back pain. The physician is requesting a refill of Xanax 1 mg #60. The MTUS Guidelines page 24 state, "Benzodiazepines 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." In this case, review of records show patient has been taking Xanax since 12/11/2012. MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." Xanax is not medically necessary, and recommendation is for denial.

LUNESTA 3 MG, #7: 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) Pain Chronic

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

Decision rationale: This patient presents with chronic low back pain. The physician is requesting Lunesta 3 mg #7. The MTUS and ODG guidelines do not discuss Lunette. However, ODG guidelines have the following regarding Lunesta under insomnia, pain chapter: "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days. A randomized double-blind controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a six-month period." As medical records document, the patient has been prescribed Lunesta since 12/11/2012. However, none of the reports reviewed over one year do not discuss sleep issues or how the patient has responded to Lunesta. MTUS guidelines page 60 require documentation of medication efficacy when used for chronic pain. Recommendation is for denial.

NORCO 10/325 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting a refill of Norco 10/325 mg #30. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how

long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file, indicates the patient has been taking Norco since 05/28/2013. Reports dating from 05/28/2013 to 11/13/2013 provide no discussions on the efficacy of Norco. There are no discussions on pain reduction or any specific functional improvement from taking Norco. The physician also does not provide "pain assessment" as required by MTUS. Given the lack of sufficient documentation the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. Recommendation is for denial.