MAXIMUS Federal Services

Case Number:	CM13-0072077		
Date Assigned:	01/17/2014	Date of Injury:	04/07/1999
Decision Date:	04/28/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Emergency Medicine and is licensed to practice in New York. 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 male who was injured on April 7, 1999. The patient continued to experience pain in his neck, lower back, and both hands. Physical examination was notable for right trapezial tenderness, diminished sensation over the C5, C6, and C7 dermatomes, normal motor strength in upper and lower extremities, and diminished sensation to the right lateral foot. Diagnoses included degeneration of cervical vertebral disc, cervical disc displacement, lumbar disc displacement cervical radiculitis, lumbar radiculopathy, low back pain, and carpal tunnel syndrome. The patient had undergone cervical spine surgery times 2. Treatment included medications including opioids, physical therapy, and lumbar epidural injections. The patient receives pain relief with the epidural injections. Requests for authorization for Xanax, Roxicodone, Dexilant ER, and Zantac were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Benzodiazepines Page(s): 23.

Decision rationale: Xanax is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the patient had been treated with Xanax since at least October 2012. The duration of treatment surpasses the recommendation duration. The request should not be authorized.

ROXICODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids Page(s): 74-96.

Decision rationale: Roxicodone is the compounded medication containing oxycodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient had been treated with Roxicodone since at least October 2012. There is no documentation to support that the medication is effective. In addition, there is no documentation that the patient signed a pain contract or that he was participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.

DELIXANT ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, NSAIDs Page(s): 68.

Decision rationale: Dexilant is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

ZANTAC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Letter on Drugs and Therapeutics; March 8, 2010 (Issue 1333) p. 17: Primary Prevention of Ulcers in Patients Taking Aspirin or NSAIDs.

Decision rationale: MTUS does not address this topic. Zantac is ranitidine, an H2-receptor antagonist. It is indicated for the treatment of peptic ulcer disease and been shown to prevent NSAID-related gastric ulcers in high doses. In this case, the patient did not have diagnosis of ulcer disease. The patient did not have any complaint of nausea or dyspepsia. Medical necessity has not been established. The request should not be authorized.