

Case Number:	CM14-0003841		
Date Assigned:	02/03/2014	Date of Injury:	11/16/2001
Decision Date:	06/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 and is licensed to practice in Minnesota. 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 41 year old female who reported a work-related injury on 11/17/2001. The mechanism of injury is stated as a filing cabinet yanked the injured worker down while her hands were under the drawer and she fell to the floor. The clinical note dated 11/04/2013 documents the injured worker presented with low back pain that was moderate to severe. The injured worker was noted to have had a disco gram in 2002. The injured worker's medication regimen included Alprazolam 1 mg dose ½ to 1 tablet at bedtime and Morphine Sulfate 30 mg 2 to 3 tablets every 12 hours with a maximum of 5 per day. The physical examination of the lower back noted tenderness to palpation at the left sacroiliac joint and left posterior superior iliac spine. The treatment plan at the time of evaluation was noted to include recommendations to taper down the injured worker's opioids; prescribe 30 mg OxyContin extended release for 1 week then 20 mg for the second week then 10 mg for the third week and then to stop OxyContin extended release altogether and then do the same with a short acting morphine. The clinical note dated 12/02/2013 noted the injured worker presented with moderate pain to her low back and neck. The injured worker had active painful range of motion limited by pain. The injured worker rated her pain without medication at 10/10 and then she rated her pain with medication at 6/10. The injured worker stated she was able to get dressed in the morning, achieve minimal activities at home, and have contact with friends via phone and e-mail due to her medications. Without medications, the injured worker reported she stayed in bed at least half of the day and had no contact with the outside world. The Request for Authorization of medical treatment was dated 12/02/2013. The provider's rationale for the request was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE 30MG 2-3 TABLETS BY MOUTH EVERY TWELVE HOURS, MAX FIVE/DAY, #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 124, 86

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Weaning Page(s): 124.

Decision rationale: The injured worker is a 41 year old female who reported a work-related injury on 11/17/2001. The mechanism of injury is stated as a filing cabinet yanked the injured worker down while her hands were under the drawer and she fell to the floor. The clinical note dated 11/04/2013 documents the injured worker presented with low back pain that was moderate to severe. The injured worker was noted to have had a disco gram in 2002. The injured worker's medication regimen included Alprazolam 1 mg dose ½ to 1 tablet at bedtime and Morphine Sulfate 30 mg 2 to 3 tablets every 12 hours with a maximum of 5 per day. The physical examination of the lower back noted tenderness to palpation at the left sacroiliac joint and left posterior superior iliac spine. The treatment plan at the time of evaluation was noted to include recommendations to taper down the injured worker's opioids; prescribe 30 mg OxyContin extended release for 1 week then 20 mg for the second week then 10 mg for the third week and then to stop OxyContin extended release altogether and then do the same with a short acting morphine. The clinical note dated 12/02/2013 noted the injured worker presented with moderate pain to her low back and neck. The injured worker had active painful range of motion limited by pain. The injured worker rated her pain without medication at 10/10 and then she rated her pain with medication at 6/10. The injured worker stated she was able to get dressed in the morning, achieve minimal activities at home, and have contact with friends via phone and e-mail due to her medications. Without medications, the injured worker reported she stayed in bed at least half of the day and had no contact with the outside world. The Request for Authorization of medical treatment was dated 12/02/2013. The provider's rationale for the request was not provided within the medical records.

ALPRAZOLAM 1MG, TAKE ONE-HALF TO ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR ANXIETY, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Weaning, Benzodiazepines Page(s): 124, 24.

Decision rationale: The request for Alprazolam 1 mg, take ½ to 1 tablet by mouth at bedtime as needed for anxiety, quantity 30, is non-certified. The MTUS Chronic Pain Guidelines do not

recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. A more appropriate treatment for anxiety disorder is an antidepressant. The MTUS Chronic Pain Guidelines indicate tapering of benzodiazepine medications if used for greater than 2 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The clinical notes dated 11/04/2013 and 12/02/2013 indicate the injured worker was prescribed the benzodiazepine medication Alprazolam for a duration greater than 2 weeks. There is a lack of documentation indicating the injured worker has significant anxiety. Additionally, the MTUS Chronic Pain Guidelines note tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, the request is not medically necessary and appropriate.