

Case Number:	CM14-0103730		
Date Assigned:	07/30/2014	Date of Injury:	10/16/2007
Decision Date:	09/24/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine and is licensed to practice in Ohio. 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 whose date of injury was October 16 of 2007. He developed low back pain radiating into the left lower extremity. He has been diagnosed with lumbar disc herniation, osteoarthritis, depression, anxiety, insomnia. He has been treated with a variety of pain medications including topical and oral anti-inflammatories, , oral and transdermal opioids, muscle relaxants, anti-anxiety medication, and sleep aids. He underwent a microdiscectomy at the L4-L5 level in 2009 and was advised that he should have a back fusion. After that recommendation the injured worker became anxious and depressed. He did undergo a formal psychological evaluation in 2013 and was referred to psychiatry for medication management but it is unclear if that actually happened. The injured worker has a stated intolerance for oral opioids and a recent note reflects that he was placed on a transdermal opioid and was to use Ultracet for breakthrough pain. He also has some gastrointestinal issues that the injured worker attributes to the use of oral anti-inflammatories but there is some debate about the causation amongst the various treating physicians.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg. QTY:60 for six (6) months: Overturned

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

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

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/ acetaminophen. It is recommended as a treatment option for chronic pain. In this instance, the injured worker has a possible intolerance to oral nonsteroidal anti-inflammatories and develops itching with oral opioids. He has tolerated tramadol (ultram/ultracet). Therefore Ultracet 37.5/325 mg quantity 60 for six months is medically necessary.

Xanax ER (Extend Release) 0.5 mg. QTY:60 for six (6) months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, <Benzodiazepines>.

Decision rationale: Xanax is a medication in the class of pharmaceuticals known as the benzodiazepines. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. 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 (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this instance, it appears that the Xanax has been used chronically. There has been no formal psychiatric input with regard to medication management. It also appears from the notes from the agreed medical examiner the Xanax has been used for its hypnotic attributes at bedtime. Of great concern here is the combination of Ambien with the Xanax before bedtime. This seems an unnecessary duplication to achieve the same effect and may lead to respiratory depression. Therefore, Xanax ER 0.5 mg quantity 60 for six months is medically unnecessary. That being said, the prescribing physician should consider the current guidelines with regard to accepted protocols for weaning from benzodiazepines like Xanax ER.