

Case Number:	CM14-0107202		
Date Assigned:	08/01/2014	Date of Injury:	04/10/1990
Decision Date:	09/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 04/10/1990. The mechanism of the injury was not provided. The injured worker has the diagnoses of status post lumbar fusion in 1998, hardware removal at the end of 2002, L2-3 and L3-4 disc degeneration, L5-S1 facet neuropathy, status post L3 compression fracture, status post right total knee replacement on 09/13/2013. The diagnostic studies included an x-ray on 11/21/2013, an MRI of the lumbar spine on 12/24/2013. Past treatments included medications, surgery, home exercise program, stretching, and diagnostic studies. On 05/20/2014, the injured worker complained of pain in the low back which radiated into the right buttock and hip, as well as the left lower extremity. She remained symptomatic in the bilateral forearms and hands. The injured worker shared that with her medication she is able to drive for short periods of time to attend doctor appointments and make short trips to the store, prepare simple meals, get dressed, light household chores and to provide her stretching exercise and home exercise program. Without medication she has significant difficulty. The current medications included Celebrex 200 mg 1 twice a day, OxyContin 40 mg 1 every 8 hours, Percocet 10/325 mg 1 every 4 hours, Xanax 0.5 mg 1-2 at bedtime as needed for spasms, Fenoflex 4 mg 1-2 every 8 hours, Zantac 150 mg 1 twice a day, Lasix 20 mg, Levothyroxine 50 mcg 1 every morning, potassium 100 mg. The request is for Percocet 10/325 mg 1 by mouth every 4 hours as needed #150, OxyContin 40 mg 1 by mouth every 8 hours #90 with no refills and Xanax 0.5 mg every 8 hours as needed for anxiety #90 with no refills. The rationale for medications was the provider felt they were appropriate based on direct interaction, physical examination, and behavior observation and presentation, previous diagnostic tests and current diagnosis. The request for authorization is signed and dated 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, 1 by mouth (PO), every (Q) 4 hours, as needed (PRN), #150.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 75; Opioids, Criteria for Use, page 78; Opioids, dosing, page 86 Page(s): 75, 78, 86.

Decision rationale: The request for Percocet 10/325 mg 1 by mouth every 4 hours as needed #150 is non-certified. The injured worker has a history of back pain. California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is lack of documentation to measure the functional benefit with said medication. The injured worker continued to have high pain scales, indicating a lack of relief with said medicine. There is lack of documentation as to a recent urine drug screen to monitor compliance and aberrant behavior. As such, the request is not medically necessary.

Oxycontin 40mg, 1 by mouth (PO), every (Q) 8 hours, #90, with no refills (RF).: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 75; Opioids, Criteria for Use, page 78 Page(s): 75, 78.

Decision rationale: The request for OxyContin 400 mg 1 by mouth every 8 hours #90 with no refills is not medically necessary. California MTUS guidelines recommend long-acting opioids (Oxycontin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is lack of documentation to measure the functional benefit with said medication. The injured worker continued to have high pain scales, indicating a lack of relief with said medicine. There is lack of documentation as to a recent urine drug screen to monitor compliance and aberrant behavior. As such, the request is not medically necessary.

Xanax 0.5 mg, every (Q) 8 hours, as needed for anxiety, #90, with no refills (RF).: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Benzodiazepines Page(s): 24.

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

Decision rationale: The request for Xanax 0.5 mg every 8 hours as needed for anxiety #90 with no refills is not medically necessary. The injured worker has a history of low back pain. Xanax is classified as a benzodiazepine. The CA MTUS does not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is a lack of documentation of anxiety. Tolerance to anxiolytic the effects occur within months and long term use may actually increase anxiety. Tolerance to hypnotic effects developed rapidly. Readily available, nonhabit forming alternate medications do exist. As such, the request is not medically necessary.