

Case Number:	CM14-0150186		
Date Assigned:	09/19/2014	Date of Injury:	03/18/2001
Decision Date:	10/17/2014	UR Denial Date:	08/24/2014
Priority:	Standard	Application Received:	09/15/2014

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 and Rehabilitation 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:

This is a 68-year-old male with a 3/18/01 date of injury, when he stepped on a 36-inch high platform injuring his abdomen and his right leg. The patient was seen on 8/5/14 with complaints of "psych, back, hernia and worst, continued blood pressure". The note stated that the patient was not on BP medication and that Xanax helped with his anxiety and sleep. Exam findings revealed positive straight raising leg test and limited range of motion of the lumbar spine. The remaining of notes was handwritten and illegible. The provider requested the consultation with an internist for uncontrolled BP, prescription for Xanax and Norco. The diagnosis is status post right hernia surgery, lumbar spine myofasciitis with radiculitis, lumbar spine disc injury. Treatment to date: medications. An adverse determination was received on 8/24/14. The request for 1 prescription of Xanax 1 mg has been modified to a certification of 1 prescription for Xanax up to #15 given that the patient was using Xanax from 2006 and that patient was recommended to wean off of Xanax in May 2014. The request for 1 internal consolation was denied given that in order to certify the request the provider was asked to provide the evidence that the patient had hypertension and the information was not received. The request for 1 prescription of Norco 10/325mg has been modified to a certification of 1 prescription for Norco 10/325mg up to #30 given that there was a lack of documentation indicating the improvement in the patient's pain level and objective and subjective improvements defined by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Prescription for Xanax 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Benzodiazapines.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The reviewer's note dated 8/24/14 modified the request for Xanax to #15 given that the patient was using Xanax from 2006 and that the patient was recommended to wean off of Xanax in May 2014. There is a lack of documentation indicating subjective and objective functional gains from the treatment of Xanax and the Guidelines do not support long-term treatment with the benzodiazepine. In addition, there is no rationale with regards to prolonged need for treatment with Xanax and it is not clear if the patient started weaning off of benzodiazepines, which was recommended by previous UR reviewers. Therefore, the request for 1 prescription for Xanax 1 mg was not medically necessary.

One (1) Internal Consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, (pp 127, 156) Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The provider requested an internist consultation for the patient's uncontrolled hypertension. However, there is a lack of documentation providing the patient's blood pressure measurements. In addition, there is no rationale with regards to an internist consultation and there are no clearly specified goals for the patient. Therefore, the request for one internal consultation was not medically necessary.

One (1) Prescription for Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; and Opioids, Long Term Assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation indicating for how long the patient was using opioids. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the recent urine drug screen test was not available for the review. Therefore, the request for One Prescription for Norco 10/325mg was not medically necessary.