

Case Number:	CM14-0154379		
Date Assigned:	09/24/2014	Date of Injury:	08/26/2010
Decision Date:	10/28/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiologist and 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 53-year-old male who reported injury on 08/25/2010. The mechanism of injury was not provided. The diagnoses included multiple traumas, cervical sprain/strain, bilateral shoulder impingement, left shoulder sprain, right hand/wrist sprain, right knee meniscal tear, kidney tumor, anxiety and depression, and a head injury with post residual dizziness. The past treatments were not included. The surgical history was not included. The progress note, dated 07/22/2014, noted the injured worker complained of pain to his neck, bilateral shoulders, right wrist, low back, right knee, and bilateral feet, rated 8/10. It was noted the injured worker was taking Norco, Ultram, and Alprazolam, and that the medications needed to be curtailed as it was unlikely his pain level from 2010 was going to change. He was not attending any therapies or working at that time. The physical exam noted antalgic gait with the use of a cane and a cast boot to the left foot, tenderness to palpation of the left shoulder, decreased range of motion and strength, crepitus, positive Tinel's and Phalen's sign to the right hand, diffuse tenderness, decreased sensation and strength to the right hand, tenderness to palpation of the lumbar spine, without spasm, positive patellar grind on the right knee, hamstring tenderness and mild swelling, and a positive McMurray's test. The medications included Norco 10/325 mg 1 every 6 hours #90, Ultram 50 mg 3 times a day #90, and Alprazolam 1 mg 1 tablet every night #90. The treatment plan requested authorization for a prescription drug detoxification program, and refills of his medications. The Request for Authorization form was submitted for review on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg Qty. 90 w Two Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for use Page(s): 78.

Decision rationale: The request for Ultram 50mg qty. 90 w two refills is not medically necessary. The injured worker had pain, rated 8/10 to his neck, bilateral shoulders, right wrist, lower back, right knee, and both feet. It was noted the medications needed to be reduced due to the unlikelihood that his pain level would change. The California MTUS Guidelines recommend opioids, including Tramadol, as second line treatment of moderate to moderately severe pain, and for long-term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behavior should also be assessed. There was no documented improvement of pain or function with the use of Tramadol. There was no documentation of assessment of aberrant behavior. There was no documentation of assessment of side effects. There was no documentation of failure of first line treatment. Additionally, the frequency intended for use was not included in the request to determine medical necessity. Given the previous, the continued use of Ultram is not supported at this time. Therefore, the request is not medically necessary.

Alprazolam 1mg qty. 90 w Two Refills: Upheld

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

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

Decision rationale: The request for Alprazolam 1mg qty. 90 w two refills is not medically necessary. The injured worker had a diagnosis of anxiety and depression, with pain rated 8/10 to multiple sites. The California MTUS Guidelines state Benzodiazepines are not recommended for use, and 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. 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. The injured worker has been prescribed alprazolam since as early as 01/28/2014. This greatly exceeds the guideline recommendations for short-term use. There was no psychosocial assessment documented. There was no documentation of the efficacy of the medication. The treatment plan requested a referral to a prescription drug detoxification program. Given the previous, and the exclusion of the frequency intended for use of the medication, the continued use of alprazolam is not indicated or supported at this time. Therefore, the request is not medically necessary.

