

Case Number:	CM14-0161322		
Date Assigned:	10/06/2014	Date of Injury:	08/28/1988
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 57 year old female with date of injury 8/28/1988. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and lower back pain since the date of injury. She has been treated with physical therapy, TENS unit, acupuncture, chiropractic therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical and lumbar spine, cervical and lumbar paraspinal musculature tenderness to palpation, positive straight leg raise test on the right, absent left patellar reflex. Diagnoses: lumbar spine degenerative disc disease, cervicgia, chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg, ninety count with one refill: Upheld

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

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

Decision rationale: This 57 year old female has complained of neck and lower back pain since date of injury 8/28/1988. She has been treated with physical therapy, TENS unit, acupuncture,

chiropractic therapy and medications to include benzodiazepines since at least 02/2014. The current request is for Xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not indicated as medically necessary in this patient.

Norco 5/325 mg, 120 count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89..

Decision rationale: This 57 year old female has complained of neck and lower back pain since date of injury 8/28/1988. She has been treated with physical therapy, TENS unit, acupuncture, chiropractic therapy and medications to include opioids since at least 02/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.