

Case Number:	CM14-0171855		
Date Assigned:	10/23/2014	Date of Injury:	12/08/2011
Decision Date:	11/21/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 58 year old male who was injured at work on 12/08/2011 . The injured worker is reported to be complaining of 7/10 pain in the left trapezius that goes up to the base of the back of the neck. Also the worker is reported to have complained of muscle spasms in the back of the neck, jaw and cheek. The physical examination revealed limited left grip strength, and cervical tenderness. The worker has been diagnosed of cervical spondylosis. Treatments have included Toradol injections, Xanax, Dilaudid, Percocet, and brace. The injured worker was being treated with Percocet but this had to be replaced with Dilaudid due to lack of benefit with the Percocet. On a return visit, the Dilaudid was discontinued due to adverse reactions. Consequently, the provider requested for Percocet as a replacement for Dilaudid, but this was denied. Also being disputed is the requests for Xanax 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12/08/2011. The medical records provided indicate the diagnosis of cervical spondylosis. Treatments have included Toradol injections, Xanax, Dilaudid, Percocet, and brace. The medical records provided for review do not indicate a medical necessity for Xanax 1mg #60. The MTUS does not recommend long-term use of the benzodiazepines, like Xanax, due to increasing side effects with long-term use; therefore the MTUS limits its use to not more than 4 weeks. The records revealed the injured worker was given a 15 day supply in a previous visit. The requested treatment is therefore not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussion; Opioids Page(s): 8; 78-80.

Decision rationale: The injured worker sustained a work related injury on 12/08/2011. The medical records provided indicate the diagnosis of cervical spondylosis. Treatments have included Toradol injections, Xanax, Dilaudid, Percocet, and brace. The injured worker was being treated with Percocet but this had to be replaced with Dilaudid due to lack of benefit with the Percocet. On a return visit, the Dilaudid was discontinued due to adverse reactions. Consequently, the provider requested for Percocet as a replacement for Dilaudid. The medical records provided for review do not indicate a medical necessity for Percocet 10/325mg #120. The MTUS recommends that, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" Since the requested treatment had not worked in the past, it is not medically necessary.