

Case Number:	CM14-0173426		
Date Assigned:	10/24/2014	Date of Injury:	08/21/2000
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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 patient is a 62 year old female who developed chronic low back pain subsequent to an injury dated 8/21/2000. She is diagnosed with chronic low back with radiculitis and neuropathic pain. She has been treated with physical therapy, spinal fusion, and oral analgesics. Medical records were reviewed from April '14 through October '14. There is little detail regarding any response or functional benefits from the medications. VAS scores are reported to be 7-8/10 on a long-term basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg tabs, #20: 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: MTUS Guidelines are quite specific that the long-term use of Benzodiazepines is not recommended. There is no documentation that provides for a reasonable exception to these guidelines. The Xanax .5mg #20 is not medically necessary.

Robaxin 500mg tab, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines do not support the long-term daily use of muscle relaxants. The mechanism of action is as a central nervous system depressant and MTUS Guidelines note that long term use of this type of drug is not supported by evidenced based guidelines. Short-term use for flare-ups might be reasonable, but the Robaxin appears to be recommended on a long-term daily regimen. The Robaxin 500mg tab #90 is not medically necessary.

Topamax 25-50mg tab, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 21.

Decision rationale: MTUS Guidelines support the use of Topamax as a second line drug for neuropathic pain that this patient has. The records do not provide an adequate length of treatment documentation to determine if other drugs in this category were trialed first. Under these circumstances the Topamax is consistent with Guidelines and is medically necessary.

Norco 10/325mg tab, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: MTUS Guidelines have specific standards that need to be met for the responsible prescribing of Opioid medications. These include specific quantification of pain relief, documentation regarding how long pain relief lasts, and specific documentation of how this affects functioning. These standards are not met in the records sent for review. The ongoing use of Opioids is not supported by MTUS Guidelines under these circumstances and the Norco 10/325 #90 is not medically necessary.