MAXIMUS Federal Services

Case Number:	CM14-0182422		
Date Assigned:	11/07/2014	Date of Injury:	03/28/2007
Decision Date:	12/11/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Arizona and 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:

The injured worker is a 31-year-old male who reported an injury on 03/28/2007. The mechanism of injury was not provided. His diagnoses were noted to include lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar sprain/strain, and gastrointestinal bleed or upset secondary to NSAID use. Past treatments included medications. Diagnostic studies included a urine drug screen report, dated 01/23/2014, which was noted as positive for prescription medications. On 10/08/2014, the injured worker complained of bilateral low back pain radiating into the bilateral posterior thighs. Examination revealed restricted range of motion of the lumbar spine, muscle spasms, positive straight leg raise, reduced sensation to touch in the bilateral L5 to the left S1 dermatomes, muscle strength 4+/5 on the left lower extremity, and 5/5 on the right lower extremity. His medications were noted to include Opana ER, Percocet, Norco, Zipsor, Opana IR, Ambien, Kapidex, and temazepam. The treatment plan was noted to include a transforaminal epidural steroid injection, a urine drug screen, and medications. A request was received for oxycodone 15 mg #120, and Xanax 1 mg #60. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Oxycodone 15mg #120 is not medically necessary. California MTUS Guidelines state that ongoing use of opioids should include of pain assessments, functional status, appropriate medication use, and adverse side effects. Pain assessments should include current pain, the least reported pain, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the relief lasts. Clinical notes indicated that the injured worker experienced a 40% decrease of pain with 40% improvement with activities of daily living, had no adverse effects, and shows no signs of misuse of the medication. However, documentation did not provide pain assessments which include current pain, the least reported pain, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the relief lasts. In the absence of evidence supporting the continued use of opioids, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request is not medically necessary.

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Xanax 1mg #60 is not medically necessary. California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. Guidelines limit the use to 4 weeks. Clinical notes indicated that the injured worker complained of bilateral low back pain radiating into the bilateral posterior thighs; however, there is no indication, supported in the documentation, of anxiety disorder. Clinical notes indicated that the injured worker was prescribed Xanax 1 mg as long as ago as 08/13/2014. In the absence of documentation indicating a diagnosis of anxiety disorder, and as clinical notes indicate that the injured worker has been taking Xanax for more than 4 weeks, the request is not supported. Therefore, the request is not medically necessary.