

Case Number:	CM14-0034915		
Date Assigned:	06/23/2014	Date of Injury:	05/19/2003
Decision Date:	08/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 19, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and anxiolytic medications. In a Utilization Review Report dated February 27, 2014, the claims administrator partially certified a request for Xanax, apparently for weaning purposes, approved a request for Oxycodone, approved a request for Oxycontin, and denied a request for ongoing pain management care. The applicant's attorney subsequently appealed. In a July 18, 2014 progress note, the applicant's primary treating provider noted that the applicant had persistent complaints of low back pain and was using both Oxycontin and Oxycodone, the combination which were resulting in suboptimal pain control. The applicant was also using Xanax, it was noted. Overall low back pain scored a 7/10. Operating diagnoses included chronic low back pain status post failed lumbar fusion surgery, chronic neck pain status post earlier failed cervical fusion surgery, shoulder impingement syndrome, shoulder arthritis, and anxiety disorder. A variety of medications were refilled. The applicant was given refills of Percocet and Xanax. The applicant was asked to consult a long-term pain management specialist. The applicant was described as miserable, from both chronic pain and mental health perspectives. In an earlier progress note of March 25, 2014, the applicant was again placed off of work, on total temporary disability, with ongoing complaints of neck and low back pain. The applicant was asked to follow up with a pain management specialist to continue with ongoing pain management care. The applicant's primary treating provider, a spine surgeon, suggested that the applicant should receive ongoing care from a pain management physician so as to take over his medication management issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Xanax 0.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the ACOEM Guidelines does suggest that short-term usage of anxiolytics is recommended in applicants who develop overwhelming symptoms of anxiety which interfere with daily functioning so as to achieve a brief alleviation of symptoms which allows the applicant to recoup emotional and physical resources, in this case, however, the attending provider has seemingly endorsed ongoing usage of Xanax for chronic, long-term, and/or scheduled use purposes without any evidence of any acute flare of overwhelming mental health symptoms. This is not an appropriate usage for Xanax, per ACOEM Guidelines. Therefore, the request is not medically necessary.

Unknown on-going pain management care: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The request in question represents a request for the applicant to be referred to a chronic pain physician/pain management physician to take over the applicant's medication management and assume the role of primary treating physician for the applicant, the applicant's current primary treating provider posited on a March 25, 2014 progress note. The applicant's current primary treating provider, a spine surgeon, seemingly suggested that the applicant was not a candidate for further spine surgery and that the applicant might benefit from ongoing care with a pain management physician or a physiatrist. As noted in the ACOEM Guidelines, if there is no clear indication for surgery, referring the applicant to a physical medicine and rehabilitation specialist may help to resolve symptoms. In this case, the applicant is off of work. The applicant has significant chronic pain complaints which have proven recalcitrant to both operative and non-operative treatment. The applicant's primary treating provider, a spine surgeon, has suggested that he is ill-equipped to furnish the applicant with opioids or other medications, going forward. Attending ongoing care with a pain management physician/physiatrist is indicated, appropriate, and supported by the ACOEM Guidelines. Therefore, the request is medically necessary.