MAXIMUS Federal Services

Case Number:	CM14-0038716		
Date Assigned:	06/27/2014	Date of Injury:	09/19/2011
Decision Date:	07/28/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, and is licensed to practice in Arizona. 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 Physician 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 man with a work-related injury dated 9/19/11 resulting in chronic right arm and neck pain. Previous treatment has included physical therapy, surgery on the right elbow and wrist and oral analgesic medications. His chronic pain has been managed by the secondary treating orthopedic surgeon. He has been evaluated multiple times including 3/6/14, 2/6/14, 10/15/13 and had right carpal tunnel release in 1/14. On 3/6/14, the injured worker is complaining of mild neck pain and constant headache with an EMG positive for C5-6 radiculopathy. He is not working or in therapy. The exam shows that he has good sensation in all fingers and his wound is healed. The diagnosis includes s/p C4-C6 anterior cervical discectomy and fusion, headaches, bilateral carpal tunnel syndrome, stress, and insomnia.The worker is being treated with Norco, topical analgesic medications, gabapentin and tramadol for pain. He is using Xanax for sleep and Prilosec for unspecified reason. Under consideration is the continued use of Norco 10/325mg #60, prilosec 20mg #90 and Xanax 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain in general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26, page(s) 74-96 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opiods, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long-term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regard to using opioids for chronic pain, they have been suggested for neuropthic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid- induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continued use is improved functional status. In this case, there is no documentation to support that the injured worker has returned to work, had improved functional status or improved pain. The continued use of norco is not medically necessary.

Prilosec 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26, page(s) 68-69 Page(s): 68-69.

Decision rationale: There is no documentation that the injured worker has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS, the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The injured worker does not have any symptoms that would suggest gastritis and there is no documentation that the injured worker has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

Xanax 1mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Procedure Summary- Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26, page(s) 24 Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case, the injured worker has used Xanax greater than 4 weeks. There is no detailed documentation of sleep problems or sleep hygiene. The continued use of Xanax is not medically necessary.