

Case Number:	CM14-0039609		
Date Assigned:	06/27/2014	Date of Injury:	07/31/2012
Decision Date:	08/19/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 36 year old male who sustained an injury on 07/31/12 while exiting his vehicle. The injured worker reported hearing a snap in the outer side of the left foot with increasing left foot pain. The injured worker initially sustained a fracture of the fifth metatarsal base and was placed on non-weight bearing activities. The injured worker was provided over the counter medications and continued on physical therapy. The injured worker was seen on 02/03/14 with continuing complaints of pain in the left foot and ankle. The injured worker described prolonged pain with any standing or walking. The injured worker denied any numbness and tingling. Medications at this visit included Xanax and Hydrocodone 2.5mg. The injured worker reported some relief with these medications. The injured worker was recommended to continue with both hydrocodone and Xanax at this visit. The injured worker was also recommended for future urine drug screens. Follow up on 02/20/14 noted no real change in symptoms. There were no specific findings for medication relief. There was only a general statement that medications provided some relief. Hydrocodone and Xanax were continued at this visit. The requested Xanax XR 1mg #60, hydrocodone 2.5/325mg #60, and future urine drug screen were denied by utilization review on 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR (Aprazolam XR) 1 mg #60: Upheld

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

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

Decision rationale: In regards to the use of Xanax 1mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of Benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of Benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Therefore, the request of Xanax XR (Aprazolam XR) 1 mg #60 is not medically necessary and appropriate.

Hydrocodone/BIT &/ACET) 2.5 mg/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Hydrocodone 2.5/325mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Hydrocodone can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Hydrocodone, the request of Hydrocodone/BIT &/ACET) 2.5 mg/325 mg #60 is not medically necessary and appropriate.

Future Urine Drug Toxicology in 60-90 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: In regards to the request for future urine drug screens, this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Clinical documentation submitted for review did not establish any concerns for aberrant medication use or any diversion findings that would support future urine drug screen testing. It is unclear when the last urine drug screen test for this injured worker was. Without indications of concerns for medication non-compliance this request of Future Urine Drug Toxicology in 60-90 days is not medically necessary and appropriate.