

Case Number:	CM14-0040120		
Date Assigned:	06/27/2014	Date of Injury:	09/24/1996
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 Nevada. 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 records presented for review indicate that this 60-year-old male was reportedly injured on September 24, 1996. The mechanism of injury is noted as a beam falling onto the head and shoulder. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, and headaches. It was stated that current medications including OxyContin, Vicoprofen, and Xanax allow the injured employee to walk and exercise on a consistent basis. No side effects or aberrant behavior was noted. The physical examination demonstrated tenderness along the paraspinal muscles with decreased cervical spine range of motion as well as tenderness throughout the right shoulder girdle. Diagnostic imaging studies were not reported. Previous treatment includes a multilevel cervical fusion. A request was made for Xanax, Vicoprofen, and OxyContin and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR 1 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Benzodiazepines Page(s): 24, 78.

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

Decision rationale: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The record reflects that this medication is being prescribed for long term use and there is no recent documentation of improvement in functionality with the use of this specific medication. For these reasons this request for Xanax is not medically necessary.

Vicoprofen tablet - Hydrocodone Bitartrate Ibuprofen 1 tablet four times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids Ongoing Management Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Vicoprofen is a combination of hydrocodone and ibuprofen. Hydrocodone is a short-acting opioid combined with acetaminophen. The California CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical objective documentation of improvement in their pain, ability to function, perform activities of daily living, and return to work with the current regimen. As such, this request for Vicoprofen tablet - Hydrocodone Bitartrate Ibuprofen 1 tablet four times a day is not medically necessary and appropriate.

Oxycontin CR 20 mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids Ongoing Management Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

Decision rationale: The California CA MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective documentation of improvement in their pain level, ability to function, perform activities of daily living, and return to work. Considering this, the request for Oxycontin CR 20 mg # 100 is not medically necessary and appropriate.