

Case Number:	CM14-0041707		
Date Assigned:	06/30/2014	Date of Injury:	09/02/1998
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 09/02/1998 by an unspecified cause of injury. The injured worker had a history of low back pain with diagnoses of lumbosacral spondylosis, opioid-type dependency, postlaminectomy, and failed back surgery syndrome at the lumbar. The past surgical procedures included a lumbar interbody fusion times three at the L4-5 region. The objective findings dated 04/09/2014 revealed abnormal findings to the back region with decreased range of motion to all planes and positive TTP lumbar paraspinous area. The neurological evaluation revealed alert and oriented x's 3, followed commands and normal muscle tone. No other results were performed. The medications included hydromorphone 4 mg, Xanax 0.5 mg, Cymbalta 60 mg, Nucynta (unknown dosage), Topamax, and Relpax 40 mg. The injured worker also had an intrathecal pain pump in place. The injured worker rated her pain as a 7/10 using the VAS. The treatment plan included aciphex 30 mg, Xanax 30 mg, Relpax #9 and Cymbalta 30; also to renew the Nucynta IR 100 mg and to discontinue the Dilaudid; return in 1 month; and continue with IT pump therapy. The Request for authorization dated 03/08/2014 was submitted with the documentation. The rationale for the hydromorphone 4 mg and the Xanax 0.5 mg was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going pain management Page(s): 77.

Decision rationale: California MTUS Guidelines recommend short acting opioids such as hydromorphone for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes provided, no physical assessment was conducted that centered to the lumbar spine. The clinical note indicated that the medication was to be discontinued and would be prescribed another medication. The urinalysis dated 01/23/2014 was positive for norhydrocodone and morphine that is inconsistent with the clinical notes provided. The documentation was not evident of side effects, pain relief, physical and psychosocial function. The clinical note dated 04/09/2014 stated that the injured worker was "doing well allover s/p the IT pump placement" The injured worker should be evaluated for aberrant drug taking behavior due to the positive drug screen and a diagnosis of opioid type dependency. The request did not address the frequency or the duration. As such, the request is not medically necessary.

Xanax 0.5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Xanax 0.5 mg is non-certified. The California MTUS Guidelines do not recommended benzodiazepines 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Per the clinical notes dated 0/24/2014 and 03/05/2014 the injured worker was note being prescribed the medication as at was listed in her medications that she was taking. Exceeding the recommended 4 weeks. The request did not address the frequency or the duration. As such, the request is not medically necessary.