

Case Number:	CM14-0048188		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2009
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 Management and is licensed to practice in Tennessee. 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 patient is a 35-year-old male who has submitted a claim for shoulder pain associated with an industrial injury date of December 12, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of having anxiety, irritability and depression as well as shoulder sprain and other various orthopedic injuries. As for the shoulder pain, the patient complained of increasing severity in the right shoulder. Physical examination revealed impingement sign. Treatment to date has included oral analgesics, opioid medications and anti-depressants. Utilization review from April 3, 2014 modified the request for XANAX 0.5MG #30 with 1 refill to XANAX 0.5mg #15 (no refill) for tapering purposes because there was no indication of significant subjective, objective, or functional improvement directly attributable to ongoing use of Xanax. The same utilization review certified the request for NORCO 10/325mg, #120 to NORCO 10/325mg #90 for tapering purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Benzodiazepines Page(s): 24.

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, Xanax was being prescribed for anxiety since October 2013, which is clearly beyond the recommended duration of use for this medication. Furthermore, the patient continued to have complaints of anxiety and panic attacks despite the use of Xanax. Moreover, the records did not clearly reflect continued functional benefit with use of this medication. Therefore, the request for Xanax 0.5MG #30 with 1 refill is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the records noted that the patient has been prescribed Norco since 2012. However, objective evidence of improvement is not clear. The medical records likewise did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Otherwise, tapering of the Norco prescription should be initiated. Therefore, the request for Norco 10/325mg, #120 is not medically necessary.