

Case Number:	CM14-0072926		
Date Assigned:	07/16/2014	Date of Injury:	01/27/2006
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 58-year-old female with a reported date of injury on 01/27/2006. The mechanism of injury was noted to be a lifting injury. Her diagnoses were noted to include cervical stenosis with degenerative changes most pronounced at the C5-6 and C6-7 levels, status post cervical spine fusion, possible bilateral carpal tunnel syndrome, and contraction headaches. Her previous treatments were noted to include surgery, H-Wave unit, back brace, aquatic therapy, and physical therapy. The progress note dated 05/25/2012 revealed the injured worker complained of headaches that were described as constant, noticeably worse in the morning. The injured worker indicated the headaches were slightly relieved by using the H-Wave machine and Norco. The headaches tended to worsen and at 9:00 pm, the injured worker would utilize sleeping medication and fall asleep. The injured worker rated her neck pain 7/10 to 8/10 worsened by movement. The injured worker indicated the pain radiated across the shoulder and down to the bilateral elbows. The injured worker indicated with her increased neck, shoulder, and low back pain, that activities of self-care and hygiene, like brushing her teeth, combing her hair, dressing herself, and bathing herself, caused her pain to go up to 5/10 to 9/10. The injured worker indicated standing, sitting, walking, and climbing increased her pain to 7/10 to 8/10. The injured worker indicated driving and riding in a vehicle increased her pain level to 8/10 to 9/10. The physical examination of the extremities revealed irregular tremors in both hands, which at times tended to be more pronounced in the left index and middle fingers. The frequency was irregular and rapid and intermittent. The Tinel's and Phalen's signs were negative and radial pulses were equal bilaterally. The examination of the head revealed tenderness in the occipital region. The motor strength was intact on resistance testing. The reflexes were active and symmetric. The progress note dated 03/13/2013, the physician indicated the injured worker did

not need a refill of Norco and still had over 30 Norco tablets. The drug screen performed 11/03/2012 was negative for opiates. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg #180, omeprazole 20 mg #60, and Xanax 0.5 mg #60; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): : 78-80, 91, 124.

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

Decision rationale: The request for Norco 10/325 mg. #180 is not medically necessary. The injured worker has been utilizing this medication since at least 2010. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation of improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and the documentation indicated the last urine drug screen was performed in 2012 and was negative for opiates. Therefore, due to the lack of evidence of significant pain relief, increased function, side effects, and with the urine drug screen from 2012, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Norco 10/325 mg. #180 is not medically necessary.

Omeprazole 20 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI) Page(s): : 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20 mg. #60 is not medically necessary. The injured worker has been utilizing this medication since at least 2010. The California Chronic Pain Medical Treatment Guidelines state physicians are to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer; gastrointestinal

bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is a lack of documentation regarding the efficacy of this medication or the injured worker utilizing NSAIDs to warrant omeprazole. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Omeprazole 20 mg. #60 is not medically necessary.

Xanax 0.5 mg. # 60: Upheld

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

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

Decision rationale: The request for Xanax 0.5 mg. #60 is not medically necessary. The injured worker has been utilizing this medication since at least 2010. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit the use for 4 weeks. The 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. There is a lack of documentation regarding the efficacy of this medication in regard to a lack of a recent, complete, and adequate assessment. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Xanax 0.5 mg. #60 is not medically necessary.