MAXIMUS Federal Services

Case Number:	CM14-0073910		
Date Assigned:	07/18/2014	Date of Injury:	07/05/2001
Decision Date:	09/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 Texas. 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 50 year old male injured on 07/05/01 due to fall resulting in injuries to the head, neck, and right shoulder. Diagnoses included post-traumatic nasal septal deviation with surgical intervention on 10/22/13, cervical strain, post-traumatic head syndrome with dizziness, status post right shoulder arthroscopy in 2009 and 2012, severe obstructive sleep apnea on continuous positive airway pressure (CPAP), bruxism and obesity. Clinical note dated 04/23/14 indicated the injured worker presented complaining of vertigo, marital problems, and auditory and visual hallucination. The injured worker also complaining of increased headaches, weight loss, increased neck pain, left lower extremity pain, bruxism, dizziness, nervousness, and anxiety. The injured worker reported neck pain radiating to the right upper extremity. The injured worker utilizing CPAP machine for sleep apnea with positive improvement in sleep hygiene reported. The injured worker scheduled for evaluation by psychologist. Physical examination revealed positive Romberg, nasal voice, rash, and increased CPAP 100%. Medications included Ultram, Vicodin, Fioricet, pantoprazole, Enalapril, Wellbutrin, Lyrica, Seroquel, Klonopin and Prozac. The initial request for prescription of Xanax 0.25 #40 and tramadol 50mg #60 with five refills was non-certified on 05/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Xanax 0.25 #40: 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: As noted on page 24 of the 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 use to 4 weeks. Studies have shown that tolerance its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such the request for one prescription of Xanax 0.25 #40 cannot be recommended as medically necessary at this time.

1 prescription of tramadol 50 mg #60 with 5 refills: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of 1 prescription of tramadol 50 mg #60 with 5 refills cannot be established at this time.