

Case Number:	CM14-0074297		
Date Assigned:	07/16/2014	Date of Injury:	08/18/2009
Decision Date:	09/29/2014	UR Denial Date:	04/21/2014
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 Occupational Medicine and is licensed to practice in California. 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 54-year-old female who was injured on 08/18/2009. The mechanism of injury is unknown. Prior medication history included Lidoderm 5%, Miralax, Neurontin, OxyContin 10 mg, OxyContin 20 mg; tizanidine; trazodone; and Xanax 0.25 Mg. Drug screening dated 06/04/2014 detected Norco and Oxycontin but not Xanax. Office visit 04/02/2014 states the patient complained of radiating pain to right upper extremity. She rated her pain as 10/10 at its worse and 5/10 at its best. She reported numbness and joint stiffness of the right shoulder, right elbow and right wrist. On visit dated 04/25/2014, she is noted to normal flexion of the shoulder but limited to 90 degrees in right upper extremity and abduction which limited to 90 degrees in right upper extremity. Motor strength is normal. She reported depression and anxiety as she feels burned out and stressed out. The patient is diagnosed with fibromyositis, chronic pain syndrome, and brachial plexus disorder. The patient has been instructed to do home exercise program daily. The patient was given Xanax 0.25 mg and OxyContin ER 20 mg. Prior utilization review dated 04/21/2014 states the request for Xanax 0.25mg #120 is Modified to certify Xanax #30 to allow taper and discontinuance; and OxyContin ER 20mg #90 is partially certified for OxyContin ER 10 mg to allow for taper and discontinuation of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,66.

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

Decision rationale: According to MTUS 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. 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. (Baillargeon, 2003) (Ashton, 2005)" In this case, a request is made for Xanax 0.25 mg #120 for a 54-year-old female injured on 8/18/09 prescribed benzodiazepines on a long-term basis. However, long-term use is not recommended. Further, history and examination findings do not support functional improvement from use of this medication or exceptional circumstances that warrant an exception to guideline recommendations. Medical necessity is not established. Therefore, the request is not medically necessary.

OxyContin ER 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic, non-malignant is not clearly established. In this case, a request is made for Oxycontin ER 20 mg #90 for a 54-year-old female with chronic upper extremity pain complaints prescribed opioids on a long-term basis. However, provided records fail to demonstrate objective clinically significant functional improvement, including reduction in dependency on medical care, pain reduction or improved quality of life over time from long-term opioid use. The patient is not working. Medical necessity is not established. Therefore, the request is not medically necessary.