

Case Number:	CM14-0078253		
Date Assigned:	07/18/2014	Date of Injury:	02/23/2006
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 39 year old female with an injury date of 02/23/2006. Based on the 04/23/14 progress report provided by [REDACTED], the patient complains of increased pain in the right SI joint area which radiates to the buttock piriformis muscle, hip, groin, and to the knees. She wears a pelvic belt and does daily stretches. "She is having even more pain now because she is traveling and has to sit on a plane and at the airport for several hours at a time. She works full time and takes very minimal medication. She remains active and is able to accomplish her ADLs. Pain scale is 4 out of 10 with medication and 9 out of 10 without medication." The patient is currently taking Norco, Paxil, and Xanax. Her diagnoses include the following: 1. Lumbago, low back pain 2. Sciatica 3. Disc degeneration lumb/sac 4. Hip/pelvic pain 5. SI joint dysfunction 6. Encntr long-rx use nec. [REDACTED] is requesting for the following: 1. Xanax 1 mg tablet po qhs prn 30 day #30 2. Norco 10/325 mg 2 tabs po q4 hours 30 day #240. The utilization review determination being challenged is dated 05/12/14. [REDACTED] is the requesting provider, and he provided one treatment report from 04/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg tablet 1 tab po qhs prn 30 day #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: According to the 04/23/14 report by [REDACTED], the patient presents with increased pain in the right SI joint area which radiates to the buttock piriformis muscle, hip, groin, and to the knees. The request is for Xanax 1 mg tablet po qhs prn 30 day #30. The 04/23/14 report states that the patient will begin taking Xanax on 04/23/14 and will stop on 05/22/14. The MTUS guidelines page 24 states, "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." The treater is requesting for Xanax to be used for 4 weeks. Recommendation is for authorization.

Norco 10/325 mg 2 tabs po q4hrs 30 day #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89.

Decision rationale: According to the 04/23/14 report by [REDACTED], the patient presents with increased pain in the right SI joint area which radiates to the buttock piriformis muscle, hip, groin, and to the knees. The request is for Norco 10/325 mg 2 tabs po q4 hours 30 day #240. The 04/23/14 report states that the patient will begin taking Norco on 04/23/14 and will stop on 05/22/14. MTUS guidelines page 60 and 61 state that "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The 4/23/14 report states "She is having even more pain now because she is traveling and has to sit on a plane and at the airport for several hours at a time. She works full time and takes very minimal medication. She remains active and is able to accomplish her ADLs. Pain scale is 4 out of 10 with medication and 9 out of 10 without medication." The patient only needs Norco for a one month basis due to her traveling. Recommendation is for authorization.