

Case Number:	CM14-0080406		
Date Assigned:	07/18/2014	Date of Injury:	02/05/2007
Decision Date:	09/18/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/02/2014

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:

This is a 66-year-old male with a 2/5/07 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/12/14, the patient complained of low back pain and neck pain. He rated his pain at 4-5/10 on VAS scale. He stated that his medication regimen, activity restriction, and rest continue to keep pain within a manageable level to allow him to complete necessary activities of daily living. Objective findings include moderate diffuse tenderness to palpation over lumbar paraspinal musculature and over bilateral S1 joints, tender and tight diffusely over the thoracic area, tenderness to palpation and tingling and burning pain elicited with palpation over cervical spine, moderated tenderness to palpation of the right trapezii. Diagnostic impression: degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, lumbago, cervicgia, degeneration of thoracic or lumbar intervertebral disc, degeneration of cervical intervertebral disc, myalgia and myositis, chronic pain syndrome. Treatment to date includes medication management, activity modification, surgery, epidural steroid injection, and chiropractic care. According to a UR decision dated 5/24/14 denied the request for Xanax 2 mg #45 with 3 refills and modified the request for Norco 10/325 mg #180 with 3 refills to Norco 10/325 mg #75 with zero refills for weaning purposes. Regarding Xanax, this has been prescribed since at least 2012 which far exceeds the guideline recommended treatment duration and places the patient at risk of serious negative side effects. Regarding Norco, this has been prescribed on a long-term basis and due to the lack of any documented evidence of significant subjective, objective, or functional improvement resulting from its use tapering was initially recommended on 2/20/14. Continued tapering is required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2 mg #45 with 3 refills: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. According to the reports provided for review, the patient has been utilizing Xanax since at least 11/14/13, if not earlier. Guidelines do not support the long-term use of benzodiazepines. In addition, the patient is also taking Methadone and Norco. The combination of opioids and benzodiazepines can increase the risk of adverse effects, such as sedation. Therefore, the request for Xanax 2 mg #45 with 3 refills is not medically necessary.

Norco 10/325mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. There are UR decisions dating back to 1/2/14 that have recommended weaning the patient off of Norco. There is no documentation that the provider has addressed the recommendations for weaning. In addition, the patient is also taking Methadone. The combination of Methadone and Norco puts the patient's MED at 300, which exceeds the guideline recommended maximum of 200. This increases the patient's risk of adverse effects, such as sedation. Furthermore, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #180 with 3 refills is not medically necessary.