

Case Number:	CM14-0081212		
Date Assigned:	07/18/2014	Date of Injury:	08/28/1988
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
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 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 57-year-old female with an injury date of 08/28/1988. According to the 05/12/2014 progress report, the patient presents with cervical spine and thoracic/lumbar spine pain. Upon examination, the patient had moderate tenderness and spasm noted throughout the bilateral cervical paraspinal regions with tenderness noticed throughout cervical spine. Range of motion of the cervical spine was deferred. In regards to the thoracic/lumbar spine, there was some slight tenderness to palpation throughout the thoracic spine. The patient was noted to have tenderness throughout the lumbar spine and a positive seated straight leg raise on the right. The 03/10/2014 report also indicates that the patient has been having neck pain. The patient has failed trials of Wellbutrin, Lexapro, and Effexor. She is currently taking Norco, Methotrexate, Remicade, Fosamax, Xanax, and Nexium. The patient's diagnoses include the following: Lumbar degenerative disk disease, status post discectomy, laminectomy, and fusion, CHRONIC cervicalgia, chronic back pain, right lumbosacral radiculitis, pain-related insomnia, relevant history of osteopenia, fibromyalgia, depression, and rheumatoid arthritis, situational depression/anxiety. The utilization review determination being challenged is dated 05/22/2014. Treatment reports were provided from 12/06/2013 - 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90 with 1 refill between 5/12/14 and 7/12/14: Upheld

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

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

Decision rationale: Based on the 05/12/2014 report, the patient presents with neck pain, cervical spine pain, and lumbar spine pain. The request is for Xanax 0.5 mg #90 with 1 refill between 05/12/2014 and 07/12/2014. The patient has been taking Xanax as early as 12/16/2013. The 12/16/2013 report states that, "Xanax is necessary to help manage her pain-related anxiety. It is improved her function with daily tasks and her ability to cope with her pain-related anxiety." The 02/18/2014 report also states, "The patient notes 40% reduction in her pain with the use of her current medication regimen. The patient describes her pain as a 7/10 to 8/10 in intensity without her medications, whereas with her medications her pain is approximately 4/10." MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks." The provider is requesting for Xanax to be used over a long period of time, beginning 12/16/2013. Therefore, this request is not medically necessary.

Norco 5/325mg #120 with 1 refill between 5/12/14 and 7/12/14: Upheld

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

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 05/12/2014 progress report, patient complains of neck pain and thoracic/lumbar spine pain. The request is for Norco 5/325 mg #120 with 1 refill between 05/12/2014 and 07/12/2014. The patient has been taking Norco as early as 12/16/2013. The 02/18/2014 report states that, "The patient notes 40% reduction in her pain with the use of her current medication regimen. The patient describes her pain as a 7/10 to 8/10 in intensity without her medication, whereas with her medications her pain is approximately 4/10 in intensity." Besides this statement, there is no other indication of how the patient is doing by taking Norco. In regards to chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behaviors), outcome measures that include current pain, average pain, least pain, pain following medication, duration of relief, etc. There are no discussions provided regarding any type of functional improvement or changes in ADLs specific to the use of Norco. Given the lack of sufficient documentation demonstrating efficacy from the use of Norco, the patient should be slowly weaned off as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.