

Case Number:	CM14-0186347		
Date Assigned:	11/14/2014	Date of Injury:	03/12/2001
Decision Date:	01/02/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 American Board Family Practice 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 57 yr. old male claimant sustained a work injury on March 12, 2001 involving the left shoulder and low back. He was diagnosed with left shoulder rotator cuff injury and lumbar spine spondylosis. He underwent arthroscopic surgery of the left shoulder. He had been on Hydrocodone and Norco for pain since at least January 2014. In addition he had been on Valium since January 2014 for muscle spasms. A progress note on January 3, 2014 indicated the claimant had tenderness to palpation in the left shoulder as well as the lumbar para vertebral musculature. A recent request was made in November 2014 for the continuation of the Norco and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 9 months. There is no indication of improvement in pain scale or function. There is no indication of Tylenol or NSAID failure. The continued use of Norco is not medically necessary.

1 Prescription for Xanax 1mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case the claimant had been on a benzodiazepine (Valium) for several months. The indication for Xanax use was not specified. Long-term use of benzodiazepines is not recommended. The request for Xanax above is not medically necessary.