

Case Number:	CM14-0190736		
Date Assigned:	11/24/2014	Date of Injury:	07/16/2007
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 injured worker (IW) sustained an industrial injury on 07/16/07. She is s/o lumbar micro-discectomy in 2012. A 05/19/14 office note documented complaints of severe low back pain with numbness and tingling into the lower extremities. A Toradol injection was administered and pain management consultation was requested. A 06/03/14 consultation note stated that claimant had been without medications for two months. She reported previous medications including Gabapentin, Xanax, Norco, Temazepam, Nucynta ER, and Butrans patch. Current complaints included back pain radiating to the low back and legs, with numbness in the right toes. Current pain level was 9-10/10. The provider discussed treatment options including epidural steroid injections (ESIs) or repeat back surgery. A 06/10/14 pain management evaluation stated that claimant reported 6-7/10 pain with medications and 10/10 pain without medications. The IW reported difficulty falling asleep and frequent awakening due to pain. Current medications included Butrans, Alprazolam, Gabapentin, Norco, Nucynta, Soma, and Temazepam. Prescriptions for Nucynta, Topamax, and Butrans were provided. A signed medication agreement was noted to be in place, and policy for random urine drug screens was noted. 08/13/14 office note per IW's orthopedist documented complaints of persistent pain, but pain level was not documented. Claimant was prescribed Neurontin, Norco, Nucynta ER, Restoril, and Soma for muscle spasm, and Xanax for anxiety. 09/25/14 office note per IW's orthopedist stated that her medications had been denied. The same prescriptions as 08/13/14 were written.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81.

Decision rationale: The MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, the MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." The MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Due to lack of any documented evidence of functional improvement with opioid therapy, medical necessity is not established for the requested Norco.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The MTUS does not recommend use of Carisoprodol (Soma), noting potential for intoxication and abuse associated with this medication and lack of an indication for long-term use of Carisoprodol. No functional improvement is documented with previous use of carisoprodol in this case. Medical necessity is not established for the requested Soma.

Xanax 5mg Rx: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines, Xanax

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

Decision rationale: The MTUS does not recommend long-term use of Benzodiazepines, noting lack of evidence for long-term efficacy, risk for dependence, and rapid tolerance to the hypnotic, anxiolytic, and muscle relaxant effects of this class of medications. Office notes indicate that IW is being prescribed Xanax for treatment of anxiety. However, a previous psychological

evaluation, a trial of non-pharmacological treatment or a first-line anxiety drug, or evidence of functional response to Xanax are not documented. Medical necessity is not established for the requested Xanax.