

Case Number:	CM14-0192485		
Date Assigned:	12/19/2014	Date of Injury:	04/24/2003
Decision Date:	01/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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) is a 46-year-old woman with a date of injury of April 24, 2003. The mechanism of injury was not documented in the medical record. The current working diagnosis is failed back syndrome. Pursuant to the office visit note dated November 20, 2014, the IW complains of chronic low back pain and bilateral leg pain, migraines, neuropathy, depression and anxiety. She has a spinal cord stimulator (SCS) that she uses to help manage chronic pain and neuropathy, but finds the generator site to be painful. Physical examination reveals lumbar tenderness and stiffness with extension and flexion. Pelvis palpation reveals tender right greater trochanter. The earliest note in the medical record is dated May 22, 2012 and indicates that the IW was taking Norco 10/325mg, Oxycontin 20mg, and Lorazepam. It appears that the Lorazepam was changed to Alprazolam on March 21, 2013. Currently, the IW is taking Norco, Imitrex, Lexapro, Senna, Gabapentin, Alprazolam, Cyclobenzaprine, Oxycontin, Hydromorphone, and Lidoderm patches. There were no urine drug screens for review in the records provided. There were no detailed pain assessments or objective functional improvement associated with the use of long-term use of the aforementioned medications. The treating physician is requesting authorization for Norco 10/325mg #240 and Alprazolam 2mg #30.

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 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life of the lowest possible dose should be prescribed to improve pain and function. A risk assessment should be performed to determine whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse with chronic, ongoing opiate use. In this case, the documentation for May 22, 2012 progress note indicates the injured worker is taking Norco 10/325, OxyContin 20 mg, and Lorazepam 1 mg. In a progress note dated March 21, 2013 Lorazepam was changed to Alprazolam. Presently, the injured worker takes Norco 10/325, OxyContin 20 mg, Hydromorphone, Alprazolam, Flexeril, and uses lidocaine patches. There is no documentation in the medical record to support the use of three opiates concurrently. Additionally, there is no documentation indicating objective functional improvement regarding use of opiates. There are no urine drug screens in the medical record or risk assessments for drug misuse or abuse. Consequently, absent the appropriate clinical documentation in conjunction with objective functional improvement regarding the use of opiates, Norco 10/325 mg #40 is not medically necessary.

1 prescription for Alprazolam 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the Official Disability Guidelines, Alprazolam is a benzodiazepine. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice in very few conditions. See guidelines for additional details. In this case, the documentation for May 22, 2012 progress note indicates the injured worker is taking Norco 10/325, OxyContin 20 mg, and Lorazepam 1 mg. In a progress note dated March 21, 2013 Lorazepam was changed to Alprazolam. Presently, the injured worker takes Norco 10/325, OxyContin 20 mg, Hydromorphone, alprazolam, Flexeril, and uses lidocaine patches. There is no documentation in the medical record to support the use of three opiates, concurrently, in addition

to the Alprazolam and Flexeril. Additionally, there is no documentation indicating objective functional improvement regarding use of Alprazolam. Additionally, the treating physician exceeded the recommended guidelines for benzodiazepine use (not to exceed 2 weeks). There are no urine drug screens in the medical record or risk assessments for drug misuse or abuse. Consequently, absent the appropriate clinical documentation in conjunction with objective functional improvement regarding the use of Alprazolam, Alprazolam 2 mg #30 is not medically necessary.