

Case Number:	CM14-0192615		
Date Assigned:	11/26/2014	Date of Injury:	03/15/2002
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Maryland. 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 claimant has a history of a work injury occurring on 03/13/02 when, while moving a cabinet upstairs with a coworker, the cabinet slipped and the claimant had a pop in his low back. Treatments included epidural steroid injections, medications, and physical therapy. He underwent lumbar spine surgery with revision decompression and fusion done in April 2004. He had initial improvement in pain but, by May 2006 he was having increasing right lower extremity symptoms and underwent hardware removal with revision. He continues to be treated for chronic back and radiating leg pain. He was seen by the requesting provider on 08/12/14. He was having low back pain radiating into the right buttock and leg. Pain was rated at 8/10. Physical examination findings included appearing anxious and agitated. He was noted to transition positions repeatedly. He had decreased lumbar spine range of motion with pain. There was lumbar paraspinal and right sacroiliac joint tenderness. He had right lumbar facet joint and trochanteric bursa tenderness. Straight leg raising was positive bilaterally. The assessment references the claimant as doing poorly. Authorization for lab testing was requested. Percocet 10/325 mg #150 and alprazolam 1 mg two times per day were refilled. On 10/20/14 he was having ongoing symptoms. Pain was rated at 8/10. Physical examination findings appear unchanged. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60: Upheld

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

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

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic back and radiating leg pain. Treatments have included two lumbar spine surgeries. Alprazolam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of alprazolam is not medically necessary

Percocet 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use, Opioids for chronic pain Page(s): 75-80,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines 1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, (.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic back and radiating leg pain. Treatments have included two lumbar spine surgeries. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.