

Case Number:	CM14-0195955		
Date Assigned:	12/03/2014	Date of Injury:	01/03/2006
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 51 year old female presenting with a work related injury on 01/03/2006. The patient complained of low back, neck, and shoulder pain. The pain is associated with occipital headaches, tingling in the left deltoid. The patient's medications included Norco and as needed. The physical exam was significant for flexion, extension to not cause much pain. Right lateral bending pain and left right rotation, pain down the left extremity both of these are decreased 50%, ability to rotate 75% the left with minimal pain in lateral bending to the left again minimal pain about 35% of expected but there is no really overt radiculopathy. The patient was diagnosed with multilevel disc disease with disc herniation in the cervical spine, right cervical radiculitis, cervical annular tear/this year, cervicalgia, lumbar degenerative disc disease, lumbar ago, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management., Opioids, specific drug list Page(s): (s) 78,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79.

Decision rationale: Norco 10/325mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.

Xanax .25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management., Opioids, specific drug list Page(s): (s) 78,.

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

Decision rationale: Xanax 0.25mg is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. Ca MTUS page 24 states that "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. They're ranging actions include sedative/have not it, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.