

Case Number:	CM14-0198045		
Date Assigned:	12/08/2014	Date of Injury:	03/16/2014
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Tennessee. 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 29-year-old female who has submitted a claim for disc protrusion, right shoulder pain, and anxiety associated with an industrial injury date of 3/16/2014. Medical records from 2014 were reviewed. The patient complained of low back pain rated 6/10 in severity and right shoulder pain graded 5/10. She complained of instability and episodes of near falls. The patient was able to perform grocery shopping, bathing, grooming and cooking with medication use. She reported use of Norco for breakthrough pain only. Physical examination showed tenderness, spasm and limited motion of the lumbar spine, positive straight leg raise test at the right, and tenderness over the right shoulder. Treatment to date has included physical therapy, use of a TENS unit and lumbar brace, and medications such as cyclobenzaprine, Norco (since at least August 2014), and tramadol. The utilization review from 11/12/2014 denied the request for Xanax 0.5mg #60 because of no evidence of effectiveness in patients with chronic low back pain; and denied Norco 7.5/325mg, #60 because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The patient is a diagnosed case of anxiety. However, there are no recent subjective data and physical examination findings pertaining to her psychological state that may warrant prescription of a benzodiazepine. The medical necessity cannot be established due to insufficient information. Therefore, the request for Xanax 0.5mg #60 is not medically necessary.

Norco 7.5mg/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, Norco was prescribed since at least August 2014. The patient complained of low back pain rated 6/10 in severity and right shoulder pain graded 5/10. She reported use of Norco for breakthrough pain only. The patient was able to perform grocery shopping, bathing, grooming and cooking with medication use. Significant functional improvement was noted with medication use. The guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 7.5mg/325mg #60 is medically necessary.