

Case Number:	CM14-0200387		
Date Assigned:	12/10/2014	Date of Injury:	09/11/2012
Decision Date:	01/29/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 48 year old female with the injury date of 07/11/12. Per physician's report 10/03/14, the patient has pain in both of her hands and lower back, at 6-8/10. The patient has left knee pain at 6-8/10. The patient reports experiencing depression at 8/10. There are multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature. ROM of left knee is decreased in all directions. The patient is released to return to work with restrictions such as no lifting above 15 lbs, no repetitive bending/scooping and no kneeling. The patient is taking Hydrocodone/APAP, Naproxen and Alprazolam. The lists of diagnoses are: 1) Moderate left L5 and mild bilateral S1 radiculopathy 2) S/p arthroscopic surgery, left knee, with residual pain 3) Major depression and anxiety attack Per 06/10/14 progress report, the patient has back pain, radiating down her legs bilaterally. The patient rates her depression as 7/10. The patient could not perform heel-toe gait well with the left leg. Per 04/26/14 progress report, the patient has the same pain in her back and left knee. The patient rates her depression as 8/10. The patient has sleeping problems. The patient underwent urine drug screens on 03/08/13, 08/30/13, 10/11/13, 11/19/13, 04/26/14 and 08/05/14. The utilization review determination being challenged is dated on 10/29/14. Treatment reports were provided from 01/29/13 to 10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #180: Upheld

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 Medications for Chronic Pain, Criteria for use of Opioids, Page(s): 60, 61, 88, 89, 76-78..

Decision rationale: The patient presents with pain and weakness in her hands, left knee, lower back and legs. The patient is s/p left knee arthroscopy. The patient is currently taking Hydrocodone/APAP, Naproxen and Alprazolam. The request is for Hydrocodone/APAP 5/325mg #180. The patient started utilizing this medication prior to 11/19/13. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. There are no before and after pain scales required by the MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Medications for chronic pain, Page(s): 67, 68, 6.

Decision rationale: The patient presents with pain and weakness in her hands, left knee, lower back and legs. The patient is s/p left knee arthroscopy. The request is for Naproxen 550mg #90. The patient has utilized Naproxen since at least 09/09/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term sympathetic relief. There are no reports that specifically discuss this request. There is no indication of how Naproxen has been helpful in terms of decreased pain or functional improvement. None of the reports included in this file discuss medication efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of sufficient documentation demonstrating efficacy for chronic NSAIDs use, the request is not medically necessary.

Xanax ER 0.5mg #30: Upheld

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

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 chapter, Benzodiazepines: Temazepam (Restoril Â®).

Decision rationale: The patient presents with pain and weakness in her hands, left knee, lower back and legs. The patient is s/p left knee arthroscopy. The request is for Xanax ER 0.5mg #30. The treater requested Xanax ER 0.5mg 1tab po daily #30 for panic attacks. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." This patient appears to have not utilized this medication in the past. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. The treater does not indicate that this medication is to be used for a short term. The request for Xanax ER 0.5mg #30 is not medically necessary.