MAXIMUS Federal Services

Case Number:	CM14-0203132		
Date Assigned:	12/15/2014	Date of Injury:	03/27/1990
Decision Date:	02/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, 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 is a 58-year-old male who reported injury on 12/27/1990. The mechanism of injury was a twist while reaching overhead at work. His diagnoses included chronic low back pain and chronic pain syndrome. His treatments have included physical therapy. His diagnostic history is not included in the medical record. His surgical history was also not included. The progress note dated 11/19/2014 documents the injured worker has complaint of sharp and stabbing pain at a 6/10. His physical exam findings included tenderness to palpation over the right splenius capitis and superior trapezius muscles of the neck, iliolumbar tenderness on flexion at the waist to knee and on extension was also noted. His current medications included Norco 10/325, Valium 5 mg, Mobic. His treatment plan included return to clinic in 1 month, pain medication and a PGT test for addiction. The rationale for the request was not included. A Request for Authorization form is signed and dated 10/22/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: The request for Mobic 7.5 mg #60 is not medically necessary. The documentation submitted for review indicates the injured worker's pain level is 6/10 to 7/10. The California MTUS Guidelines state that NSAIDs for acute exacerbations of chronic back pain is recommended as a second line treatment after acetaminophen. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. For injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The documentation indicates the injured worker has been prescribed this medication since at least 08/26/2014. As the guidelines state, this medication should be used short term for symptomatic relief; the request for Mobic 7.5 mg #60 is not medically necessary.

Xanax .25 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The request for Xanax 0.25mg #180 is not medically necessary. The progress note dated 11/19/2014 indicated the injured worker has tried, with this offices assistance, to withdraw from Xanax, but he developed a skin reaction. The California MTUS Guidelines state that benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic affects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The guideline clearly states the use of benzodiazepines is not recommended for long term use. The documentation submitted for review indicates this injured worker has been prescribed since at least 08/05/2014; the guidelines do not recommended use of benzodiazepines over 4 weeks. Therefore, the request for Xanax .25 #180 is not medically necessary.