

Case Number:	CM14-0076227		
Date Assigned:	04/02/2015	Date of Injury:	01/20/2000
Decision Date:	05/01/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 56-year-old female who sustained an industrial injury on 01/20/2000. Diagnoses include lumbago, low back pain and knee pain/joint pain leg. Treatment to date has included medications, spinal injections, psychotherapy and vocational rehabilitation. According to the progress report dated 4/8/14, the injured worker reported continued low back and bilateral knee pain, which was relieved by medications. A request was made for Norco, Toradol and Xanax for pain control 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 #200 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/20/2000. The medical records provided indicate the diagnosis of lumbago, low back pain and knee pain/joint pain leg. Treatment has included medications, spinal injections, psychotherapy and vocational rehabilitation. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #200 with 2 refills. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate she has been on this medication at least since 2012, but with no overall improvement in pain and function, there has been no decreased need for pain medications; she is poorly monitored for pain control based on the MTUS criteria.

Toradol 60mg/2ml injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Online)ODG Workers- Compensation Drug Formulary Toradol.

Decision rationale: The injured worker sustained a work related injury on 01/20/2000. The medical records provided indicate the diagnosis of lumbago, low back pain and knee pain/joint pain leg. Treatment has included medications, spinal injections, psychotherapy and vocational rehabilitation. The medical records provided for review do not indicate a medical necessity for Toradol 60mg/2ml injection. Ketorolac (Toradol) belongs to the group of NSAIDs classified by the Official Disability Guidelines second line drug except if there is no alternative. The MTUS does not recommend it for chronic pain.

Xanax 1mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Xanax (alprazolam) Benzodiazepines.

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

Decision rationale: The injured worker sustained a work related injury on 01/20/2000. The medical records provided indicate the diagnosis of lumbago, low back pain and knee pain/joint pain leg. Treatment has included medications, spinal injections, psychotherapy and vocational

rehabilitation. The medical records provided for review do not indicate a medical necessity for Xanax 1mg #60 with 2 refills. Xanax (Alprazolam), belongs to the Benzodiazepine sedative hypnotics. The records indicate the injured worker has been on this medication for a while. It is dosed at 0.25mg to 0.5mg (but 0.5mg to 3mg for panic disorders) three times daily. The MTUS does not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines recommend limiting their use to 4 weeks.