

Case Number:	CM15-0105555		
Date Assigned:	06/03/2015	Date of Injury:	11/02/2009
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old, female who sustained a work related injury on 11/2/09. The diagnoses have included closed fracture of cervical vertebra and cervical disc disease with radiculopathy. Treatments have included medications, cervical spine surgery, ice/heat therapy and rest. In the PR-2 dated 4/24/15, the injured worker complains of neck being about the same. She always has left arm tingling. She has painful range of motion in neck. The treatment plan includes refilling medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #30: Upheld

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

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

Decision rationale: The patient presents on 04/24/15 with unrated neck pain and associated tingling in the left upper extremity. The patient's date of injury is 11/02/09. Patient is status post anterior cervical disc fusion at C5 through C7 levels at a date unspecified. The request is for XANAX 0.5MG #30. The RFA was not provided. Physical examination dated 04/24/15 reveals intact cranial nerves, limited and painful range of motion in the neck, and otherwise normal neurological function in the bilateral upper extremities. The provider notes that the patient presents wearing a velcro boot which is stabilizing her lateral malleolus fracture. The patient is currently prescribed Endocet, Zofran, Omeprazole, Nortriptyline, Alprazolam, Cymbalta, Topamax, Miralax, and Estradiol patches. Diagnostic imaging included CT scan of the cervical spine dated 03/06/15, significant findings include: "This patient has undergone ACDF from C5-C7 with incorporation of the fused disc spaces appearing complete. There is stable osteophytic ridging posteriorly at C5-6 and C6-7..." Patient is currently classified as disabled. MTUS Chronic Pain Medical Treatment 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." In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. Records indicate that this patient has been receiving Xanax for anxiety since at least 01/16/15. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy and is not supported by guidelines. While this patient presents with significant anxiety secondary to chronic pain, the requested 30-tablet prescription in addition to prior use does not imply short duration therapy and cannot be substantiated. Therefore, the request IS NOT medically necessary.

Norco 10mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/24/15 with unrated neck pain and associated tingling in the left upper extremity. The patient's date of injury is 11/02/09. Patient is status post anterior cervical disc fusion at C5 through C7 levels at a date unspecified. The request is for NORCO 10MG #120. The RFA was not provided. Physical examination dated 04/24/15 reveals intact cranial nerves, limited and painful range of motion in the neck, and otherwise normal neurological function in the bilateral upper extremities. The provider notes that the patient presents wearing a velcro boot which is stabilizing her lateral malleolus fracture. The patient is currently prescribed Endocet, Zofran, Omeprazole, Nortriptyline, Alprazolam, Cymbalta, Topamax, Miralax, and Estradiol patches. Diagnostic imaging included CT scan of the cervical spine dated 03/06/15, significant findings include: "This patient has undergone ACDF from C5-C7 with incorporation of the fused disc spaces appearing complete. There is stable osteophytic ridging posteriorly at C5-6 and C6-7..." Patient is currently classified as disabled. MTUS Guidelines pages 88 and 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 4As (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. About the request for Norco, the treater has not provided adequate documentation to continue its use. This patient has been prescribed Norco since at least 10/30/14. The subsequent reports do not address medication efficacy, functional improvements, urine drug screening, or discuss a lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided. Without complete documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Endocet 10/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 04/24/15 with unrated neck pain and associated tingling in the left upper extremity. The patient's date of injury is 11/02/09. Patient is status post anterior cervical disc fusion at C5 through C7 levels at a date unspecified. The request is for ENDOCET 10/325MG #60. The RFA was not provided. Physical examination dated 04/24/15 reveals intact cranial nerves, limited and painful range of motion in the neck, and otherwise normal neurological function in the bilateral upper extremities. The provider notes that the patient presents wearing a velcro boot which is stabilizing her lateral malleolus fracture. The patient is currently prescribed Endocet, Zofran, Omeprazole, Nortriptyline, Alprazolam, Cymbalta, Topamax, Miralax, and Estradiol patches. Diagnostic imaging included CT scan of the cervical spine dated 03/06/15, significant findings include: "This patient has undergone ACDF from C5-C7 with incorporation of the fused disc spaces appearing complete. There is stable osteophytic ridging posteriorly at C5-6 and C6-7..." Patient is currently classified as disabled. MTUS Guidelines pages 88 and 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 4As (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. In regard to the request for Endocet, the treater has not provided adequate documentation to continue its use. This patient has been prescribed Endocet since at least 03/13/15. The subsequent reports do not address medication efficacy, functional improvements, urine drug screening, or discuss a lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided. Without complete documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient presents on 04/24/15 with unrated neck pain and associated tingling in the left upper extremity. The patient's date of injury is 11/02/09. Patient is status post anterior cervical disc fusion at C5 through C7 levels at a date unspecified. The request is for FOLLOW UP VISIT. The RFA was not provided. Physical examination dated 04/24/15 reveals intact cranial nerves, limited and painful range of motion in the neck, and otherwise normal neurological function in the bilateral upper extremities. The provider notes that the patient presents wearing a velcro boot which is stabilizing her lateral malleolus fracture. The patient is currently prescribed Endocet, Zofran, Omeprazole, Nortriptyline, Alprazolam, Cymbalta, Topamax, Miralax, and Estradiol patches. Diagnostic imaging included CT scan of the cervical spine dated 03/06/15, significant findings include: "This patient has undergone ACDF from C5-C7 with incorporation of the fused disc spaces appearing complete. There is stable osteophytic ridging posteriorly at C5-6 and C6-7..." Patient is currently classified as disabled. Regarding follow-up visits, MTUS guidelines page 8 has the following: "The physician treating in the workers' Compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician is requesting a follow-up visit to monitor this patient's chronic pain and atrial fibrillation. While the request does not specify the reason for the follow-up visit, this patient presents with chronic pain and a significant cardiac history for which routine follow-up visits are considered appropriate. Therefore, the request IS medically necessary.