

Case Number:	CM15-0017010		
Date Assigned:	02/05/2015	Date of Injury:	02/26/1986
Decision Date:	04/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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 62 year old male, who sustained an industrial injury on February 26, 1986. He has reported a low back injury. The diagnoses have included failed lumbar laminectomy syndrome, muscle spasm, irritable bowel with a spastic colon, diabetes, depression, hypertension, and diabetic neuropathy. Treatment to date has included medication. Currently, the IW complains of low back pain. He uses an electric scooter for mobility. Physical findings indicate tenderness of the abdominal epigastric area, decreased range of motion of the lumbar spine region, and a positive straight leg test of both legs. The records indicate he began taking Norco 10/325 and Xanax 0.5 mg prior to September 2012, with sustained symptomology. On January 16, 2015, Utilization Review modified certification of Xanax 0.5 mg, quantity #68, and Norco 10/325 mg, quantity #55, based on Chronic Pain Medical Treatment and ODG guidelines. On January 23, 2015, the injured worker submitted an application for IMR for review of Xanax 0.5 mg, quantity #90, and Norco 10/325 mg, quantity #140.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

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

Decision rationale: The 62 year old patient presents with back pain, abdominal pain, stomach cramps, and intermittent diarrhea along with anxiety and depression, as per progress report dated 12/30/14. The request is for XANAX 0.5 mg # 90. The RFA for this case is dated 01/05/15, and the patient's date of injury is 02/26/86. Medications include Norco, Xanax, Desipramine, Loperamide, Risperdal, Paxil, Ranitidine, Prevacid and Temazepam, as per progress report dated 12/30/14. The patient has history of failed laminectomy syndrome with chronic back pain and right radicular symptoms, irritable bowel, spastic colon, chronic pancreatitis in the past, major depression, anxiety disorder, personality disorder, diabetic neuropathy and hypertension. The patient is not working, as per the same progress report. MTUS guidelines state on page 24 that benzodiazepines such as Xanax 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, a prescription for Xanax was first noted in progress report dated 04/10/14, and the patient has been using the medication consistently at least since then. In progress report dated 04/10/14, the treater states that Xanax is "to control his anxiety." While the patient has been diagnosed with anxiety disorder and depression, MTUS guidelines do not recommend use of Xanax for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks." The request of # 90 exceeds the recommended time period. Hence, it IS NOT medically necessary.

Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 62 year old patient presents with back pain, abdominal pain, stomach cramps, and intermittent diarrhea along with anxiety and depression, as per progress report dated 12/30/14. The request is for NORCO 10/325 mg # 140. The RFA for this case is dated 01/05/15, and the patient's date of injury is 02/26/86. Medications include Norco, Xanax, Desipramine, Loperamide, Risperdal, Paxil, Ranitidine, Prevacid and Temazepam, as per progress report dated 12/30/14. The patient has history of failed laminectomy syndrome with chronic back pain and right radicular symptoms, irritable bowel, spastic colon; chronic pancreatitis in the past, major

depression, anxiety disorder, personality disorder, diabetic neuropathy and hypertension. The patient is not working, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription of Norco was first noted in progress report dated 04/10/14, and the patient has been using the medication consistently at least since then. As per progress report dated 12/30/14, medications help lower the patient's pain from 10/10 to 4/10. The treater further states that medications lead to "50% reduction in pain, 50% functional improvement with activities of daily living with medications versus not taking them at all." The treater confirms that the patient has signed a narcotic agreement and urine drug screens are appropriate. Nonetheless, the treater does not provide specific examples to demonstrate an increase in function. Only general statements are provided. There is no discussion about aberrant behavior and side effects due to opioid use. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.