

Case Number:	CM15-0137141		
Date Assigned:	07/27/2015	Date of Injury:	01/25/2001
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/15/2015

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: Family Practice

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 male, who sustained an industrial injury on January 25, 2001 while working as a sign installer-crane operator. The injury occurred while the injured worker was hanging a sign from a crane basket. The sign slipped and as the injured worker grabbed for the sign he experienced low back pain. The diagnoses have included chronic low back pain, status-post lumbar decompression and fusion, status-post anterior-posterior lumbar fusion and status-post removal of hardware. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, psychological evaluation, trigger point injections, nerve blocks, home exercise program and multiple lumbar surgeries. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 1, 2015 notes that the injured worker reported low back pain along the hardware area. The injured worker was scheduled for hardware removal. The injured worker was questioning medication refills. Examination of the lumbar spine revealed tenderness over the underlying hardware, spasm and a restricted and painful range of motion. There was guarding with motion noted. The treating physician's plan of care included requests for Norco 10-325 mg # 180 and Xanax 0.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the long-term utilization of opioids for chronic non-malignant pain. The long-term use of opioids leads to dependence, tolerance and testosterone imbalance in men. The MTUS guidelines note that in order to support continued opioid use, there should be improvement in pain and function. The medical records do not establish significant subjective or functional improvement to support the ongoing use of Norco. The request for Norco 10/325 mg Qty 180 is not medically necessary and appropriate.

Xanax 0.5 mg Qty 60: 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): 23.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The MTUS guidelines state that 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. The MTUS guidelines also note that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The ongoing use of Xanax is therefore not supported. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Xanax 0.5 mg Qty 60 is not medically necessary and appropriate.