

Case Number:	CM15-0139319		
Date Assigned:	07/29/2015	Date of Injury:	11/15/1989
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts
 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 is a 72 year old female, who sustained an industrial injury on 11/15/1989. She has reported injury to the low back. The diagnoses have included low back pain; lumbar spine disc disease; low back syndrome; and panic attacks. Treatment to date has included medications and diagnostics. Medications have included Vicodin, Norco, Celebrex, Soma, Oxycontin, Cyclobenzaprine, and Alprazolam. A progress note from the treating physician, dated 06/25/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of having panic attacks; low back pain; numbness in the leg; pain is hard to control with medications; and pain is still rated at 4/10 on the pain scale. Objective findings included walking bent forward; positive straight leg raising; and tenderness is noted at L3-4 and L4-5. The treatment plan has included the request for Alprazolam 1mg #540; Celebrex 200mg #360; and Norco 10/325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Weaning, Benzodiazepines.

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

Decision rationale: According to the MTUS guidelines, benzodiazepines such as the above medication is 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 week. Additionally, the guidelines state that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently, the medical records and cited guidelines do not support continued use of this medication at this time. The request is not medically necessary.

Celebrex 200mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to CA MTUS guidelines anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. The CA MTUS states that NSAIDs are appropriate at the lowest dose for the shortest possible time. According to the provided medical records the patient is on the highest possible dose of Celebrex at 200mg twice daily. While there are no reported side effects this is the highest dose recommended. There is no note as to why a generic NSAID at a lower dose is not attempted. Based on the guidelines and the provided documents, it appears that the current dose of Celebrex is beyond the guidelines cited and is therefore not considered medically necessary at this time.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, Long-acting opioids, On-Going Management, Weaning of Medications Page(s): 75, 78-80, 132.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.