

Case Number:	CM15-0141067		
Date Assigned:	07/30/2015	Date of Injury:	03/06/2012
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Emergency 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 62 year old female, who sustained an industrial injury on March 6, 2012. The injured worker reported neck and back pain due to lifting a heavy object. The injured worker was diagnosed as having cervical degenerative intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), surgery, medication, epidural steroid injection and therapy. A progress note dated June 18, 2015 provides the injured worker complains of back pain radiating to the left leg with numbness and weakness. Physical exam notes cervical and trapezius tenderness to palpation with decreased range of motion (ROM). There is lumbar tenderness to palpation and decreased range of motion (ROM) with spasm. Straight leg raise is positive on the left. There is left shoulder tenderness to palpation. The plan includes Norco, alprazolam, lab work and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam .25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,124.

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

Decision rationale: The requested Alprazolam .25mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has back pain radiating to the left leg with numbness and weakness. Physical exam notes cervical and trapezius tenderness to palpation with decreased range of motion (ROM). There is lumbar tenderness to palpation and decreased range of motion (ROM) with spasm. Straight leg raise is positive on the left. There is left shoulder tenderness to palpation. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, The requested Alprazolam .25mg #60, is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83,86,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain radiating to the left leg with numbness and weakness. Physical exam notes cervical and trapezius tenderness to palpation with decreased range of motion (ROM). There is lumbar tenderness to palpation and decreased range of motion (ROM) with spasm. Straight leg raise is positive on the left. There is left shoulder tenderness to palpation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, the requested Norco 10/325mg #120, is not medically necessary.