

Case Number:	CM15-0144139		
Date Assigned:	08/05/2015	Date of Injury:	07/14/2011
Decision Date:	09/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii
 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 35-year-old female, who sustained an industrial injury on 07-14-2011. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar herniated nucleus pulposus without myelopathy, lumbar radiculopathy, and bursitis of hip. Treatment and diagnostics to date has included activity modification, injections, medications, chiropractic treatment, physical therapy, aqua therapy, acupuncture, and an inconsistent urine drug screen dated 07-01-2015, which was negative for all prescribed medications. In a progress note dated 07-01-2015, the injured worker reported low back pain with bilateral lower extremity paresthasias. Objective findings included loss of lordosis and mild paraspinal spasms noted. The physician noted that a lumbar spine MRI showed L5-S1 left paramedian disc herniation with and extruded fragment impinging on the traversing left S1 nerve root and normal electromyography-nerve conduction velocity studies. The treating physician reported requesting authorization for Xanax, Vicodin, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine. The current request is for Xanax 0.25mg quantity 30. The treating physician states in the report dated 7/1/15, "Refill Xanax tablet, 0.25, 1 tab, orally, twice per day, 15 days, 30, refills 0." (34B) Xanax (alprazolam) belongs to a group of drugs called benzodiazepines and is used to treat anxiety disorders, panic disorders and anxiety caused by depression. The MTUS guidelines state that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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." In this case, the treating physician has been prescribing this medication to the patient since at least 4/30/15 and is requesting a refill, which exceeds the MTUS guidelines. The current request is not medically necessary.

Vicodin 300/5mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine. The current request is for Vicodin 300/5mg quantity 60. The treating physician states in the report dated 7/1/15, "Refill Vicodin tablet, 300mg-5mg, 1 tab, orally, twice per day, 30 days, 60, refills 0." (34B) For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

Ibuprofen 800mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine. The current request is for Ibuprofen 800mg quantity 90. The treating physician states in the report dated 7/1/15, "Refill Ibuprofen tablet, 800mg 1 tab, orally, 3 times a day, 30 days, 90." (34B) The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the treating physician has been prescribing this medication to the patient since at least 4/30/15 and is requesting a refill. The patient has functional improvement and pain relief with NSAID usage. The current request is medically necessary.