

Case Number:	CM15-0146500		
Date Assigned:	08/07/2015	Date of Injury:	05/15/2008
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old female with an industrial injury dated 05-15-2008. The injured worker's diagnoses include thoracic outlet syndrome and neck pain. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 06-25-2015, the injured worker presented to discuss pain control. The injured worker wanted to switch to once a day dosing, skip the AM dose and increase nighttime dose to improve sleep. The injured worker reported scheduled surgery for thoracic outlet syndrome in August. Physical exam revealed increased heart rate, cheery disposition and the injured worker was noted to be more grounded and optimistic. Treatment plan consisted of medication management. The treating physician prescribed Alprazolam (Xanax) 0.25mg #30 and Morphine Sulfate ER 100mg #30, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam (Xanax) 0.25mg #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 claimant sustained a work injury in May 2008 and continues to be treated for neck pain and has a diagnosis of thoracic outlet syndrome. When seen, surgery was pending. There had been medication denials and she was having difficulty affording MS Contin two times per day. Prior medications had included OxyContin which had provided superior pain relief. Physical examination findings included an elevated heart rate with normal blood pressure. MS Contin was increased from 60 mg two 100 mg. Oxycodone was refilled. The total MED (morphine equivalent dose) was increased from 90 mg to 130 mg. Xanax (alprazolam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Ongoing, chronic use may actually be increasing the claimant's anxiety. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Morphine Sulfate ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2008 and continues to be treated for neck pain and has a diagnosis of thoracic outlet syndrome. When seen, surgery was pending. There had been medication denials and she was having difficulty affording MS Contin two times per day. Prior medications had included OxyContin, which had provided superior pain relief. Physical examination findings included an elevated heart rate with normal blood pressure. MS Contin was increased from 60 mg two 100 mg. Oxycodone was refilled. The total MED (morphine equivalent dose) was increased from 90 to 130 mg. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED now being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Accepted MS Contin dosing is regular administration at 12 or 8 hour intervals. It is not to be taken once per day; it is not being prescribed correctly and is not medically necessary for this reason as well.