MAXIMUS Federal Services

Case Number:	CM15-0186518		
Date Assigned:	09/28/2015	Date of Injury:	11/02/2009
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, 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 49 year old female, who sustained an industrial injury on 11-2-09. The injured worker is being treated for radiculitis of left cervical region, closed fracture of cervical vertebra, migraine and atrial fibrillation. Treatment to date has included cervical fusion, oral medications including Endocet 10-325mg (since at least 4-24-15), Gabapentin 100mg, Alprazolam 0.5mg, Cymbalta 30mg, Prochlorperazine maleate 10mg, Xarelto 20mg, Baclofen 20mg, Omeprazole 10mg, Miralax 17gram and Multaq 400mg and activity modifications.On 7-31-15 she noted she hasn't been successful with Hydromorphone, hydrocodone causing headaches and nausea and she is having some issues with heart arrhythmia and on 9-4-15, the injured worker complains of weekly migraines which start at the base of her neck and turns into a headache and becomes unbearable. She notes she is unable to take anything for it because it affects her heart; she will be seeing an electrophysiologist to work up the heart. She is not working. Physical exam on 7-3-15 and 7-31-15 revealed touching any aspect of left neck and left shoulder-left arm was uncomfortable; a light touch was perceived as noxious and allodynia; she has weakness in that arm especially in the grip and limited range of motion of her neck due to pain and heart was in normal sinus rhythm and physical exam was not performed on 9-4-15, instead there was a discussion about the physical and emotional issues surrounding chronic pain and disability and cardiac disease at such a young age. The treatment plan on 7-31-15 and 9-4-15 included refilling Endocet 10-325mg #120. On 9-11-15 a request for Endocet 10-325mg #60 and Xanax 0.5mg #30 was modified to Endocet 10-325mg #40 and Xanax #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Endocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Endocet several months in combination with Norco. Pain score trends were not noted. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Endocet is not medically necessary.

Xanax 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. The claimant was on Xanax for over 10 months. Current necessity or clinical indication was not noted. Long term use for spasms or anxiety is not indicated and continued use is not medically necessary.