

Case Number:	CM15-0187324		
Date Assigned:	09/29/2015	Date of Injury:	08/20/2009
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 61 year old female, who sustained an industrial injury on 8-20-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain, knee-leg sprain-strain, hip-thigh sprain-strain, and pain in limb. On 9-3-2015, the injured worker reported "right leg is in pain down to her left foot" with difficulty walking, in a wheelchair more often. The Primary Treating Physician's report dated 9-3-2015, noted the injured worker's injection did not help her, still having problems with pain. The Physician noted the injured worker's symptoms were getting worse, having anxiety due to her symptoms. The injured worker's current medications were noted to include Norco, Elavil, and Gabapentin. The physical examination was noted to show tenderness to palpation with range of motion (ROM) limited due to pain, unchanged since the 7-2-2015 examination. Prior treatments have included epidural injections, physical therapy, and medications including Norco, Gabapentin, Cymbalta, Lorcet, Omeprazole, Ambien, Tizanidine, Elavil, and Xanax. The treatment plan was noted to include requests for authorization for the Gabapentin, prescribed since at least 2012, Elavil, prescribed since at least 12-11-2013, Xanax, prescribed since at least 4-3-2014, and Norco, prescribed since at least 2012, and referral for a spinal stimulator to control neuropathic pain, a psychiatrist referral, and a urine drug screen (UDS). The request for authorization dated 9-3-2015, requested Norco 10/325mg #150, Xanax 0.25mg #30, and Elavil 25mg #60. The Utilization Review (UR) dated 9-11-2015, denied the requests for Norco 10/325mg #150, Xanax 0.25mg #30, and Elavil 25mg #60, however due to the nature of the drugs weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: 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, criteria for use.

Decision rationale: The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.

Xanax 0.25mg #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 MTUS guidelines, Benzodiazepines are 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 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the clinical documents, the Xanax requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; the Xanax, as noted above, is not indicated a medical necessity to the patient at this time.

