

Case Number:	CM15-0193526		
Date Assigned:	10/07/2015	Date of Injury:	11/02/2009
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 November 02, 2009. A recent primary treating office visit dated September 18, 2015, reported the following treating diagnoses applied to the visit: cervical disc disease with radiculopathy, atrial fibrillation, and constipation. The following medications were prescribed: Topiramate, Zoran, Baclofen, Endocet, Alprazolam, Cymbalta, Xarelto, and Miralax. Her examination is "not really changed." She is with subjective complaint of neck pain that turns into a headache. The assessment found the worker with: radiculitis left cervical region. She is status post revision of cervical fusion and continues with left upper extremity pain, shoulder pain, left neck pain, and generalized headaches. On September 21, 2015, a request was made for Xanax, Endocet, and Norco that were modified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment ag.

Decision rationale: The cited CA MTUS recommends short acting opioids, such as Endocet (Oxycodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications (antidepressants, anticonvulsants). Opioids are recommended as the standards of care for moderate to severe nociceptive pain, but are not recommended as first-line therapy for osteoarthritis. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes did not document pain with and without medication in visual analog scale, whether there were any significant adverse effects, pain contract on file, urine drug testing, and objective functional improvement. However, the injured worker has had a complex pain history status post cervical fusion with headaches and radicular symptoms. Utilization Review on September 24, 2015, contacted the treating physician and noted she had been off opioids for an extended period of time, but had significant pain and no quality of life. Neurontin had been recently discontinued due to side effects, but the injured worker just began therapy with Topiramate. In addition, the treating physician stated that she had been trialed on Oxycodone and Norco in past which caused her to be "sick." In the case of this injured worker, she should continue follow-ups routinely, with appropriate documentation of the 4 As, and begin weaning of opioids as soon as indicated by the treatment guidelines (advised by Utilization Review on September 21, 2015). Therefore, based on the available medical records and cited MTUS guidelines, the request for Endocet 10/325mg #60 is medically necessary and appropriate.

Xanax 0.5mg #30: Overturned

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

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

Decision rationale: According to the cited CA MTUS guidelines, benzodiazepines (Xanax) are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker's records indicate that he has been prescribed Alprazolam long-term for anxiety; however, she is currently pending psychiatry evaluation for management of her depression and anxiety. Based on the medical records and Utilization Review notes, the requested Xanax tab 0.5 mg #30 is medically necessary and appropriate. However, the injured worker should begin weaning per guidelines as indicated.

Norco 10mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment ag.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The treating provider's notes did not document pain with and without medication in visual analog scale, whether there were any significant adverse effects, pain contract on file, urine drug testing, and objective functional improvement. However, the injured worker has had a complex pain history status post cervical fusion with headaches and radicular symptoms. Utilization Review on September 24, 2015, contacted the treating physician and noted she had been off opioids for an extended period of time, but had significant pain and no quality of life. Neurontin had been recently discontinued due to side effects, but the injured worker has begun therapy with Topiramate. In addition, the treating physician stated that the injured worker had been trialed on Oxycodone and Norco in past which caused her to be "sick." In the case of this injured worker, she should continue follow-ups routinely, with appropriate documentation of the 4 As, and begin weaning of opioids as soon as indicated by the treatment guidelines (advised by Utilization Review on September 21, 2015). Based on the available medical information, Norco 10mg #120 is medically necessary and appropriate for ongoing pain management as the injured worker begins opioid weaning.