

Case Number:	CM15-0204707		
Date Assigned:	10/21/2015	Date of Injury:	04/01/2013
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 59 year old female, who sustained an industrial injury on 4-1-13. The injured worker is diagnosed with chronic pain syndrome, lumbago, myofascial pain and lumbar radiculopathy. Her disability status is permanent and stationary. Notes dated 3-23-15, 6-11-15, 8-24-15, 9-24-15 and 10-1-15 reveals the injured worker presented with complaints of constant low back pain that radiates to her buttocks and bilateral lower extremities (left greater than right) described as achy, burning, throbbing, numbness and tingling rated at 8 out of 10. The pain is increased with walking, standing and bending and in decreased with medication. She also reports bilateral feet cramping, constant right knee pain and leg weakness. She reports difficulty with prolonged sitting, standing and walking and household chores. She is able to do light cooking and is unable to lift greater than 5 pounds. She reports the pain interrupts her sleep. Physical examinations dated 6-11-15 and 7-9-15, 9-24-15 and 10-1-15 revealed an altered gait and decreased, guarded and painful range of motion by 50% and decreased sensation in the bilateral L3 dermatomes. There is tenderness at the midline lumbar spine and muscle guarding and tenderness at the left sacroiliac joint. She is unable to heel and toe walk due to the pain Treatment to date has included medications; Vicodin HP (6-2015), Xanax (6-2015) and Naproxen (discontinued due to decreased kidney function) reduces pain from 10 out of 10 to 6 out of 10 for 3 hours; seated walker, chiropractic care and lumbar spine brace. Diagnostic studies include electrodiagnostic study, urine toxicology screen dated 7-14-15 was inconsistent per note dated 8-24-15, lumbar MRI, knee MRI, lumbar spine x-rays, bilateral knees and feet x-rays. A request for authorization dated 10-2-15 for Vicodin 10-300 mg #90 with 1 refill is modified to #45 and no refills and Xanax 0.5 mg #30 with 1 refill is modified to #15 and no refills, per Utilization Review letter dated 10-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/300mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), opioids.

Decision rationale: Vicodin is the brand name version of hydrocodone and acetaminophen, which is considered a short-acting opioid. ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks...In addition, studies found no difference in pain relief between NSAIDs and opioids." This IW has exceeded the 2 week recommended treatment length for opioid usage, having been receiving opioids since at least 3/15. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does indicate a range of pain scale for the patient (10/10 without medication to 6/10 with), it does not meet several of the prescribing guidelines, such as documenting intensity of pain after taking opioid, increased level of function, improved quality of life, or other objective and functional outcomes, which is necessary for long-term use of opioids. The prior review recommended weaning of opioids which is appropriate in this case. As such, the request for Vicodin 10/300mg #90 with 1 refill is deemed not medically necessary.

Xanax 0.5mg #30 with 1 refill: 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: MTUS states that benzodiazepines (ie Xanax) is "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that this IW has been on benzodiazepines since at least 3/2015, exceeding MTUS recommendations. The available medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, there is no documentation provided regarding a trial of antidepressants and the outcome of this trial. As such, the request for Xanax 0.5mg #30 with 1 refill is deemed not medical necessary.