

Case Number:	CM15-0022274		
Date Assigned:	02/11/2015	Date of Injury:	11/19/1998
Decision Date:	05/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 76-year-old female who reported an injury on 08/13/1996. The mechanism of injury was not stated. The current diagnoses include chronic low back pain, history of lumbar fusion at L5-S1 in 1999, bilateral knee pain, depression secondary to chronic pain, status post 2 angioplasties for angina, and diabetes. The injured worker presented on 02/10/2015 for a follow up evaluation regarding ongoing low back pain. The injured worker had been previously referred for a 30 day inpatient detoxification program, as she has been on high levels of pain medication for years and has not been able to wean off the medication on her own. The current medication regimen includes Duragesic 75 mcg, Norco 10/325 mg, Xanax 1 mg, Lexapro 20 mg, and Lunesta 2 mg. Upon examination, there was reduced range of motion of the lumbar spine with tenderness to palpation and a mildly antalgic gait. Recommendations included a refill of the current medication regimen. The injured worker was also encouraged to remain active and exercise. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines. Long term efficacy is unproven and there is a risk of dependence. In this case, the injured worker has continuously utilized the above medication since at least 03/2014. There is no documentation of functional improvement. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of a benzodiazepine has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Norco 10/325mg quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 03/2014. There is no documentation of objective functional improvement. The injured worker continued to present with complaints of persistent low back pain. In the absence of objective functional improvement, the ongoing use of an opioid medication would not be supported. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Duragesic 75mcg patch quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 03/2014. There is no documentation of objective

functional improvement. The injured worker continued to present with complaints of persistent low back pain. In the absence of objective functional improvement, the ongoing use of an opioid medication would not be supported. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.