

Case Number:	CM15-0023597		
Date Assigned:	02/13/2015	Date of Injury:	03/25/2003
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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 67 year old female, who sustained an industrial injury on March 25, 2003. The injured worker has reported neck, shoulder pain and low back pain. The diagnoses have included degeneration of cervical intervertebral disc, cervical dis displacement, cervical radiculitis and carpal tunnel syndrome. Treatment to date has included medication management, x-rays, MRI, computed tomography scan, electromyography, a nerve conduction velocity study and physical therapy. Current documentation dated January 13, 2015 notes that the injured worker complained of neck, upper extremity and low back pain. The pain was noted to be decreased and rated at a six-seven out of ten on the Visual Analogue Scale. The neck pain radiated to the bilateral upper extremities. Associated symptoms included hand and arm numbness. Physical examination of the cervical spine revealed left trapezius tenderness, decreased cervical sensation and decreased range of motion. Examination of the lumbar spine revealed tenderness and a decreased range of motion. Straight leg raise was positive bilaterally. On January 23, 2015 Utilization Review non-certified a request for Norco 10/325 mg # 140 and MS Contin 60 mg # 23 and modified a request for Xanax 0.5 mg # 24. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg # 140, MS Contin 60 mg # 23 and Xanax 0.5 mg # 24. At the time the pain score was 6-7/10. Although it was noted the pain was improved, the claimant had similar pain scores in November and December 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 140 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco 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 Norco for over 6 months without significant improvement in pain or function. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.

Xanax 0.5 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Xanax for unspecified reasons for several months. The claimant did have a sleep disorder but other attempts to improve sleep were not mentioned. Despite the particular indication for use, the long-term use is not indicated and the continued use of Xanax is not medically necessary.

MS Contin 60 mg, 23 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: MSCONTIN is a long acting opioid (Morphine). The claimant had been on the medication for over 6 months. The claimant had been on a decreasing dose over several months. The pain remained stable despite a decreasing dose from 3x /day vs currently

approximately daily). It is intended for chronic pain that needs to be managed with long-acting opioids .In this case, the claimant has been tapered regularly and required less medication over several months. MSContin cannot be discontinued immediately. Continued use as prescribed is medically necessary.