

Case Number:	CM15-0025723		
Date Assigned:	02/19/2015	Date of Injury:	02/17/1995
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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
 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 70 year old female, who sustained an industrial injury on February 17, 1995. The diagnoses have included neck pain, and neuropathy. Treatment to date has included medications. Currently, the injured worker complains of pain in the base of the neck. The Treating Physician's progress note dated August 26, 2014, noted the injured worker in no acute distress, with the neck with good mobility, with chronic neck and upper thorax pain and pain in both shoulder areas. On January 28, 2015, Utilization Review non-certified Xanax 2mg x6 month refill, Tylenol #3 300/30mg x6 month refill, Trazadone 50mg x6 month refill, and Diclofenac Sodium 75mg x6 month refill, noting the most recent evaluation was over four months old, therefore it was not possible to determine the current clinical condition of the injured worker based on the provided documentation. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of Xanax 2mg x6 month refill, Tylenol #3 300/30mg x6 month refill, Trazadone 50mg x6 month refill, and Diclofenac Sodium 75mg x6 month refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg x6month refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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. The MTUS guidelines state that 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. In this case, the injured worker has been prescribed benzodiazepines for an extended period of time which is not supported by the MTUS guidelines. The request for Xanax 2mg x6month refill is not medically necessary.

Tylenol #3 300/30mg x6 month refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 34.

Decision rationale: According to the MTUS guidelines, Codeine is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. In this case, the injured worker has been prescribed this medication for an extended period of time. There is no indication of improvement in pain and function and there is no updated physical examination narrative to support this request. The request for Tylenol #3 300/30mg x6 month refill is not medically necessary.

Trazodone 50mg x6 month refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress Chapter.

Decision rationale: Per the Official Disability Guidelines, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, while the medical records noted a past history of anxiety, the medical records do not establish the injured worker complaining of

insomnia. As such, this request is not supported. The request for Trazodone 50mg x6 month refill is not medically necessary.

Diclofenac Sodium 75mg x6 month refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Diclofenac Potassium Page(s): 21, 71. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Diclofenac.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to ODG, Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. In this case, while an oral non-steroidal anti-inflammatory medication may be supported, the medical records do not establish that the injured worker has failed first line oral non-steroidal anti-inflammatory medication that do not poses the increased risk profile of Diclofenac. The request for Diclofenac Sodium 75mg x6 month refill is not medically necessary.