

Case Number:	CM15-0212957		
Date Assigned:	11/02/2015	Date of Injury:	12/15/1992
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida

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 73 year old female injured worker suffered an industrial injury on 12-15-1992. The diagnoses included right cervical radiculopathy, right SI joint dysfunction, multiple compression fractures, lumbar facet arthropathy and disc degeneration. Lumbar radiculopathy, right shoulder impingement, moderate to severe neural foraminal stenosis and cervical fusion 7-2-2015. On 9-16-2015 the treating provider reported worsening post-operative pain as she had not had her medication. She reported neck pain that radiated down the bilateral shoulders and right arm as well as the mid scapular region and mid to low back which was rated 7 out of 10 with medication and 9 out of 10 without medication. She reported her medications had come up missing on several locations despite locking them up and hiding them in different locations. The injured worker was suspicious that it is her daughter that was taking her medication. On 10-13-2015 the provider reported neck pain that radiated down the bilateral shoulders and right arm as well as the mid scapular region and mid to low back rated 7 out of 10 with medication and 9 out of 10 without medication. On exam the cervical spine the sensation was decreased over the C5-6 dermatome distribution. There was no tenderness or spasm of the cervical spine. The provider noted the medications provided analgesic effects, increase with activities of daily living with no adverse effects and no concern for aberrant behavior with a pain contract on file. She was attending post-operative physical therapy. The documentation provided did not include objective detailed evidence of functional improvement with the requested treatments and no urine drug screens for objective evaluation of aberrant drug behavior. Request for Authorization date was 10-13-2015 Utilization Review on 10-14-2015 determined modification for Dilaudid 8mg #180 to #150 and Xanax 1mg #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Xanax 1mg #60: Upheld

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: In accordance with the California 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 guidelines go on to state that, "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." Likewise, this request for Xanax is not medically necessary.