

Case Number:	CM15-0214233		
Date Assigned:	11/04/2015	Date of Injury:	01/12/2005
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/30/2015

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: 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:

This injured worker is a 50 year old male who reported an industrial injury on 1-12-2005. His diagnoses, and or impressions, were noted to include: chondromalacia of patella; osteoarthritis in the lower leg; lumbago; and chronic pain syndrome. No imaging studies were noted. His treatments were noted to include: medication management, with toxicology screenings (7-23-15); and rest from work as he was noted as disabled. The progress notes of 8-18-2015 reported: a re-check of his unchanged knee and lower back pain, rated 7 out of 10 on medications, and 10 out of 10 without, allowing for increased functionality with activities of daily living; particular pain and stiffness in the low back that visit; that a 20mg reduction in his Oxycodone had been tolerable, and that he still wanted to reduce his dose but not until his non-industrial shoulder injury was less painful; and his intolerance to work due to right knee and low back pain. The objective findings were noted to include that overall he was doing well. The physician's requests for treatment were not noted as page 2 of 3 was missing; however his current medication regimen noted Alprazolam 1 mg twice a day x 1 month (30 days), Endocet 10-325 mg 2 pills 3 x a day x 1 month (30 days), and Baclofen 10 mg 2 pills 3 x a day x 1 month (30 days). These medications were noted as far back as 2/17/2014. No Request for Authorization was noted for: #60 tablets of Alprazolam 1 mg; #180 tablets of Baclofen 10 mg; or #180 tablets of Endocet 10-325mg. The Utilization Review of 9-29-2015 modified the requests for: #60 tablets of Alprazolam 1 mg, to #13; #180 tablets of Baclofen 10 mg, to #38; and #180 tablets of Endocet 10-325 mg, to #38.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Alprazolam (Xanax); Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Review indicates the request for Alprazolam was modified. Alprazolam is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence as noted here with use since at least February 2014. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered for this chronic 2004 injury. The Alprazolam 1 mg Qty 60 is not medically necessary and appropriate.

Baclofen 10 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Review indicates the request for Baclofen was modified. Baclofen is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen as indicated here since at least February 2014 and medical necessity has not been established. Submitted documents have not demonstrated any specific functional improvement from treatment of Baclofen being prescribed in terms of improved functional status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The Baclofen 10 mg Qty 180 is not medically necessary and appropriate.

Endocet 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Endocet was modified. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status, remaining disabled. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The Endocet 10/325 mg Qty 180 is not medically necessary and appropriate.