MAXIMUS Federal Services

Case Number:	CM15-0214766		
Date Assigned:	11/06/2015	Date of Injury:	02/02/2015
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, 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 41 year old female, who sustained an industrial injury on 2-2-15. The injured worker has complaints of severe neck pain, right arm pain, numbness and right shoulder stiffness. The injured worker has slow deliberate gait and favored her right arm. The injured worker had some degree of pain relief with traction of her head off her neck. There was give-away weakness of all muscle groups in her upper extremity and decreased sensation of the right index and middle fingers. Thoracic magnetic resonance imaging (MRI) on 2-24-15 was normal. Right shoulder X-rays were normal. Electromyography and nerve conduction study of bilateral upper extremity on 6-22-15 showed evidence of bilateral C6 radiculitis. The diagnoses have included neck pain; C5 to C6 disc protrusion with slight deformity of the left lateral aspect of the cord on magnetic resonance imaging (MRI) with right neural foraminal exit zone compromise and bilateral C6 radiculitis. The patient has had MRI of the cervical spine on 2/24/15 that revealed disc protrusions, foraminal narrowing. Treatment to date has included supervised physical therapy was counterproductive; six acupuncture treatment provided temporary pain relief; chiropractic adjustments were counterproductive; norco; flexeril; xanax; lyrica and colace. Other medication list includes Medrol dose pack. The original utilization review (10-29-15) non-certified the request for norco 10-325mg #120 and xanax 0.5mg #60 with 1 refill. The patient sustained the injury when she was helping to lift a patient. The patient has had a history of anxiety, depression and insomnia. The patient had a consistent UDS on 5/27/15 and signed an opioid agreement. Per the note dated 9/24/15 the patient had complaints of pain in the right side of the neck with radiculopathy in the right upper extremity with tingling. The physical

examination of the cervical spine revealed limited range of motion and diminished sensation. The patient's surgical history includes appendectomy. A recent detailed psychiatric examination was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Request: Norco 10/325mg #120Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (antidepressants), without the use of opioids, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Xanax 0.5mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/24/15), Benzodiazepine.

Decision rationale: Xanax 0.5mg #60 with 1 refill. This medication is a benzodiazepine, an anti anxiety drug. According to 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" A prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed response to other measures for insomnia/anxiety is not specified in the records provided. A recent detailed psychiatric examination was not specified in the records provided. The medical necessity of Xanax 0.5mg #60 with 1 refill is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.