

Case Number:	CM15-0221228		
Date Assigned:	11/16/2015	Date of Injury:	08/06/1998
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/10/2015

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: Preventive Medicine, Occupational Medicine

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 8-6-98. The injured worker was being treated for sprain-strain of lumbosacral region, sprain-strain of knee and sprain-strain of neck. On 6-18-15 and 9-24-15, the injured worker complains of pain bilaterally in cervical junction with radiation to left trapezius to deltoid insertion primarily and occasionally into the right trapezius down to deltoid insertion. She rates the pain 3-6 out of 10. He also complains of lumbar spine pain in pelvic brim and junction in midline with radiation laterally into the iliolumbar area, right greater than left and into right lower extremity down to 3 medial toes and in left lower extremity in same pattern, however being greater on right than on the left; rated 4-7 out of 10. She also complains of constant right knee pain with radiation into the anteromedial and anterolateral joint lines and rated 3-5 out of 10. Work status is noted to be retired. Physical exam performed on 6-18-15 and 9-24-15 revealed moderate tightness at the paracervical musculature bilaterally, left greater than right with tenderness bilaterally at the base, tightness in trapezius with tenderness on right which is moderate and left which is minimal; moderate tenderness in right pelvic brim and junction with minimal on left, moderate spasm of paravertebral musculature bilaterally greater on right than left, right sciatic notch tenderness with restricted range of motion of lumbar spine; moderate genu varum deformity with minimal effusion of right knee, marked restriction of patella of medial and lateral excursion with tenderness over anterior mid lateral joint line and decreased range of motion and moderate guarding of gait on right. Treatment to date has included TENS unit, oral medications including Sonata, Xanax 0.25mg, Ibuprofen 600mg, Hydrocodone-Acetaminophen 10-325mg, Nexium

40mg and Oxybutynin 10mg; topical Lidoderm 5%, home exercise program and activity modifications. It is unclear how long she has utilized the medications. On 11-3-15 request for Norco 10-325mg #120 with 2 refills and Xanax 0.5 mg #120 with 2 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, it is unclear how long the injured worker has been prescribed Norco but there is a lack of documented quantifiable pain relief or objective evidence of functional improvement. Additionally, this request for 2 refills is not supported by the guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 with 2 refills is not medically necessary.

Xanax 0.5mg #120 with 2 refills: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, it is unclear how long the injured worker has been prescribed xanax but it is longer than 4 weeks. This request for 2 refills implies continued chronic use of xanax which is not supported by the guidelines. The request for Xanax 0.5mg #120 with 2 refills is determined to not be medically necessary.