

Case Number:	CM15-0223988		
Date Assigned:	11/20/2015	Date of Injury:	10/11/2013
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/13/2015

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: New Jersey
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 28-year-old female, with a reported date of injury of 10-11-2013. The diagnoses include rule out lumbar disc injury, L4-5 protrusion with mild facet osteoarthropathy at L5-S1, left ankle bone contusion with reactive marrow change, lateral malleolus, and left foot and mid-foot sprain and strain. The follow-up consultation report dated 09-03-2015 indicates that the injured worker complained of low back pain with left lower extremity symptoms, which was rated 6 out of 10; left ankle and foot pain, rated 7 out of 10; and reactive depression. The injured worker reported the same subjective findings and pain ratings on 08-06-2015. The objective findings (08-06-2015 and 09-03-2015) include tenderness of the lumbar spine; lumbar flexion at 40 degrees; lumbar extension at 30 degrees; left and right lateral tilt at 30 degrees; left and right rotation at 30 degrees; positive straight leg raise on the left for foot pain; diminished sensation in the left L4, L5, and S1 dermatomal distributions; lumboparaspinal musculature spasm; pain with range of motion of the ankle and foot; tenderness to medial and lateral aspect of the left ankle and foot; right lower extremity favored with walking; and an non-antalgic gait. The injured worker's disability status was noted as temporarily totally disabled for four weeks. The diagnostic studies to date have included an MRI of the lumbar spine on 08-19-2014 that showed a dextroscoliosis proximal lumbar spine with mild degenerative disc disease. Treatments and evaluation to date have included Percocet (since at least 04-2015), a TENS unit, Cyclobenzaprine (since at least 04-2015), topical NSAID (non-steroidal anti-inflammatory drug), oral NSAID (failed), and shockwave therapy to the left ankle. The treating physician requested Xanax 1mg #30 to address reactive anxiety, Percocet 10mg #90, and Cyclobenzaprine 7.5mg

#60. On 10-13-2015, Utilization Review (UR) non-certified the request for Xanax 1mg #30, Percocet 10mg #90, and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #90: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was report of urine drug screening and no side effects from the use of Percocet. However, there was insufficient documentation found in the notes regarding how effective this medication was at reducing pain levels, measurably, and improving functional ability compared to not using Percocet, which is required in order to justify continuation. In addition, the documentation suggested the worker was able to use two pills of Percocet daily, which is not reflective of the #90 pill request. Therefore, this request is not medically necessary. Weaning may be indicated.

Cyclobenzaprine 7.5mg #60: 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: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of using cyclobenzaprine chronically leading up to this request for renewal. However, no record revealed how effective this medication was at improving overall function. Regardless, however, this request is intended to continue chronic use, which is not recommended for this drug class. Therefore, this request is not medically necessary.

Xanax 1mg #30: 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: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. Upon review of the notes provided in this case, the worker started using Xanax months prior to this request for renewal to "address reactive anxiety." There was no record found of having tried first-line therapy for depression and anxiety such as SSRI, counseling, therapy, etc. As Xanax is not appropriate treatment for the conditions listed. Xanax is not medically necessary. Weaning may be indicated.