

Case Number:	CM15-0030134		
Date Assigned:	02/23/2015	Date of Injury:	02/05/2007
Decision Date:	04/03/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/18/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old male, who sustained an industrial injury on 2/5/2007. The current diagnoses are right shoulder pain, degenerative disc disease of the cervical spine, post laminectomy syndrome of the cervical region, and numbness. Currently, the injured worker complains of chronic neck pain and right shoulder/upper extremity pain. The pain is rated 6-7/10 with medications and 9-10/10 without. Current medications are Xanax, Norco, Miralax, Anaprox, Zolof, and Prilosec. Additionally, he reports numbness in the bilateral upper extremities, especially of his left thumb. The physical examination of the cervical spine revealed tenderness over the paraspinal musculature, reduced sensation in the right C8 dermatome, and restricted range of motion. The right shoulder revealed 70 degrees range of motion with flexion and extension, 50 degrees range of motion with abduction, and positive impingement sign. Treatment to date has included medications, physical therapy, cervical epidural steroid injections, subacromial steroid injection of the right shoulder, and surgery. The treating physician is requesting Norco 10/325mg #240 and Xanax 0.5mg #90, which is now under review. On 1/24/2015, Utilization Review had non-certified a request for Norco 10/325mg #240 and Xanax 0.5mg #90. The Medications were modified to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid and pain relief. The UR modified the request to allow for a wean which is appropriate. As such, the question for Norco 10/325mg #240 is not medically necessary.

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS states that benzodiazepine (ie Xanax) is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Medical records indicate that the patient has been on Xanax in excess of the MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. The UR modified the request to allow for a wean which is appropriate. As such, the request for Xanax 0.5mg #90 is not medical necessary.