

Case Number:	CM15-0032879		
Date Assigned:	02/26/2015	Date of Injury:	04/15/2011
Decision Date:	04/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old male who reported an injury on 04/15/2011 due to an unspecified mechanism of injury. On 11/12/2014, he presented for a follow-up evaluation 6 months status post anterior fusion and artificial disc replacement at the lumbar spine. It was stated that he was very pleased and happy with his surgery. He noted having some residual pain, but stated that it was minimal. He was noted to be taking 5 Norco per day. It was reported that he had undergone x-rays and that his implants were intact. No abnormality was noted and the L5-S1 fusion appeared to have healed well. He was being advised to continue with his care regimen and to avoid any activities that would aggravate his pain. He was diagnosed with late postoperative lumbar spine and degenerative disc disease of the lumbar spine. His medications included Norco, Xanax, lorazepam, and Prilosec. He stated that his pain was helped by Norco. He rated his pain at a 2/10 at its best, 4/10 on average, and an 8/10 at its worst. The treatment plan was for Xanax 1 mg #30 and Norco 10/325 mg #120. The rationale for treatment was to continue alleviating the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the long term use of benzodiazepines as long term efficacy is unproven and there is a risk of dependence. The documentation provided does not state a clear rationale for the medical necessity of ongoing use of Xanax. There was no indication that the injured worker was getting significant relief from this medication and without this information, the request would not be supported. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain with the use of this medication. Also, no official urine drug screens or CURES reports were provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.