

Case Number:	CM15-0038639		
Date Assigned:	03/04/2015	Date of Injury:	01/11/2001
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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, New York, 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 applicant is a represented 61-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 11, 2001. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve requests for Xanax, Norco, and OxyContin. A progress note of February 3, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of low back pain. The applicant was on OxyContin, Xanax, and Norco, it was acknowledged. Multifocal arm, leg, shoulder, hip, groin, and elbow pain complaints were noted. The applicant was using a cane, walker, and/or wheelchair, the attending provider acknowledged, admittedly in a highly templated fashion. The applicant also reported ancillary complaints of depression and anxiety. The applicant's medications included OxyContin, Norco, Xanax, Neurontin, Wellbutrin, and Lidoderm, it was acknowledged, several of which were refilled. Pain complaints ranging from 7-9/10 were reported in another section of the note. Lumbar facet injections were also endorsed. The applicant's work status was not furnished. In a progress note dated December 2, 2014, the applicant was described as having continued high levels of pain about the wrist, low back, ankle, and foot, seemingly unchanged from the previous visit. The applicant was worsening all the time. Any kind of physical activity, including, lifting, sitting, bending, and twisting remained problematic. The applicant was using a cane, crutch, and/or a walker, it was acknowledged at times. A marked limp was appreciated. Multiple medications were renewed. The attending

provider himself acknowledged that the applicant should consider weaning or tapering off of OxyContin and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax NR 2mg (Alprazolam) #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant has been using Xanax for a period of minimum of several months to several years, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Ongoing usage of Xanax, moreover, has failed to appreciably curtail the applicant's ongoing issues with depression and/or anxiety. Therefore, the request was not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on several office visits, referenced above, including on March 2, 2015 and on December 2, 2014, suggesting that the applicant was not, in fact, working. The applicant continued to report pain complaints as high as 7-9/10, and maintained that the activities of daily living as basic as lifting, sitting, bending, and standing remained problematic. The applicant was using a cane to move about, it was acknowledged. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

OxyContin 80mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on progress notes of March 2, 2015 and December 2, 2014 referenced above. It did not appear, thus, that the applicant was working. The applicant continued to report pain complaints as high as 7-9/10, despite ongoing opioid consumption, including ongoing OxyContin usage, and maintained that even basic activities of daily living such as sitting, standing, walking, and lifting remained problematic. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with OxyContin. Therefore, the request was not medically necessary.