

Case Number:	CM15-0041611		
Date Assigned:	03/13/2015	Date of Injury:	03/22/2002
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
 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 53 year old male, who sustained a work/ industrial injury on 3/22/02. He has reported initial symptoms of lumbar pain. The injured worker was diagnosed as having derangement of joint of shoulder, intervertebral disc disorder with myelopathy. Treatments to date included medication, lumbar spinal cord stimulator (4/8/13). Magnetic Resonance Imaging (MRI) reports note cervical spine revealing midline disc protrusions at C3-4 and C6-7; lumbar spine revealed interbody fusion at L4-5 and L5-S1 with midline disc protrusion at L5-S1; left shoulder had moderate impingement with tendonitis. Electromyogram/nerve conduction velocity (EMG/NCV) noted left C5 and C7 radiculopathy and left L4-5 radiculopathy. Currently, the injured worker complains of increasing pain in the lower back rated 7/10. The treating physician's report (PR-2) from 2/2/15 indicated the pain was primarily ilioinguinal and genitofemoral nerve radiating into the left testicle. There was also left sided incisional neuroma pain. Shoulder range of motion was limited as well as the lumbar spine. Deep tendon reflexes noted 1+ to the left Achilles tendon. Lower extremity motor testing was 4/5 bilaterally. Current diagnosis is lumbar lost laminectomy syndrome, s/p L4-5 and L5-S1 anterior posterior interbody fusion with removal of fusion hardware, left shoulder internal derangement s/p open rotator cuff repair and acromioplasty, bilateral lower extremity radiculopathy. Medications included Prozac, Ultracet, Anaprox, Prilosec, Suboxone, Xanax, Ambien, and Lisinopril. Treatment plan included refill of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. The claimant had been on Xanax for several months without specific indication for continued use in combination with Opioids (Norco/Ultracet) and insomnia medications (Ambien). Continued use of Xanax is not medically necessary.

Ultracet 37.5/325mg #90 dispensed on 1/19/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had 7/10 pain. The claimant had been on opioids including Norco for over 6 months. There was no indication of Tylenol failure, the continued use of Norco is not medically necessary.