

Case Number:	CM15-0046979		
Date Assigned:	03/19/2015	Date of Injury:	07/12/1998
Decision Date:	11/10/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/12/2015

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, Illinois

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 injured worker is a 70 year old female, who sustained an industrial injury on 7-12-1998. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, low back pain, and sciatica. On 1-19-2015, the injured worker reported the same back pain located in the lumbar-sacral spine, and sciatica, with insomnia, fatigue, anxiety, and depression. The Primary Treating Physician's report dated 1-19-2015, noted the injured worker had no side effects from the medications, being very stable, able to do light housework and care for self. The injured worker's pain scale with medications was 5 out of 10, unchanged since the 11-19-2014 visit. The injured worker's current medications were listed as Opana ER, Xanax, and Norco, all having been prescribed since at least 08/31/2012. The physical examination was noted to show the cervical spine with decreased flexion, extension, rotation, and bilateral lateral bending, new since the 11-19-2014 visit. The lumbar spine was noted to have tenderness with tender facet joint, and decreased flexion, extension, and lateral bending, unchanged since the 11-19-2014 visit. The treatment plan was noted to include continuing the current treatment as the injured worker was noted to be stable, with the work status noted to be permanently disabled. A urine drug screen (UDS) dated 11-20-2014, noted the injured worker positive for opiates with all other results negative, and a normal creatinine. The request for authorization dated 2-12-2015, requested Opana extended release (ER) 10mg #60, Norco 10/325mg #180, and Xanax 0.5mg #60 with 3 refills. The Utilization Review (UR) dated 2-21-2015, certified the request for Opana extended release (ER) 10mg #60, modified the request for Norco 10/325mg #180 to approve #81

with the remaining #99 non-certified, and non-certified the request for Xanax 0.5mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The injured worker sustained a work related injury on 7-12-1998. The medical records provided indicate the diagnosis of lumbar-sacral spine, and sciatica, with insomnia, fatigue, anxiety, and depression. Treatments have included Opana ER, Xanax, and Norco. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #180. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long term use for chronic pain due to worsening adverse effects and lack of research in support of benefit. When used more than 6 months, the MTUS recommends reassessment of pain and function with numerical values comparing with baseline; and reviewing for other treatments that have been used since the introduction of opioids. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication, at least since 08/31/2012 without overall improvement in pain and function. The medical records also indicate the injured worker is not being monitored according to the guidelines recommendations. The MTUS defines functional improvement as: means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment. The request is not medically necessary.

Xanax 0.5mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: The injured worker sustained a work related injury on 7-12-1998. The medical records provided indicate the diagnosis of lumbar-sacral spine, and sciatica, with insomnia, fatigue, anxiety, and depression. Treatments have included Opana ER, Xanax, and Norco. The medical records provided for review do not indicate a medical necessity for Xanax 0.5mg #60 with 3 refills. The medical records indicate the injured worker has been on this benzodiazepine sedative hypnotic since at least 12/31/12. The MTUS recommends benzodiazepines should not be used for no more than 4 weeks. Therefore, the requested treatment is not medically necessary.