

Case Number:	CM15-0047367		
Date Assigned:	03/19/2015	Date of Injury:	02/05/2007
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
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, 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 47 year old male, who sustained a work/industrial injury on 2/5/07. He has reported initial symptoms of right shoulder and neck pain. The injured worker was diagnosed as having cervical Degenerative Disc Disease (DDD), post laminectomy syndrome, anxiety, and depression. Treatments to date included C6-7 fusion, right shoulder surgery, cervical steroid injections, right shoulder subacromial steroid injection, and medications. Magnetic Resonance Imaging (MRI) of the right shoulder reported tendinitis with probable tiny bureal surface tears of the distal supraspinatus at the insertion, moderate tendonitis of the distal infraspinatus tendon without surface tear. Cervical Magnetic Resonance Imaging (MRI) a C5-6 broad based paracentral disc protrusion causing mild spinal stenosis with ventral cord flattening. The right neural foramen is mildly narrowed. The left neural foramen remains patent. The postoperative changes include ADEF at the C6-7 level. X-ray of the right shoulder demonstrated a mild osteoarthritis of the right acromioclavicular joint without evidence of dislocation. Spacing is unchanged without and with weight bearing. Blunted appearance of the left clavicle could be sequelae of prior partial resection. The beneficiary reports he underwent surgery at his right acromioclavicular joint with minimal improvement of his symptoms. Currently, the injured worker complains of increasing right shoulder pain with reduced range of motion and anxiety and depression. The treating physician's report (PR-2) from 2/4/15 indicated additional diagnostics were to be ordered. Per examination, there was 5/5 upper extremity strength, Spurling's sign is positive, sensation was reduced in the C8 dermatome, tenderness over the paraspinals, and cervical range of motion is reduced in all planes. Medications included Norco,

Xanax, Amitriptyline, Miralax, Prilosec, Anaprox, and Zoloft. Treatment plan included Norco and Xanax refill. The patient sustained the injury when he was pushing a machine. He has had a urine drug toxicology report on 10/14/14, 7/18/14 and 5/28/14 that was consistent.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325mg #240. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #240 is not established for this patient. The request is not medically necessary.

Xanax 0.5mg #87: Upheld

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

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

Decision rationale: Xanax 0.5mg #87. Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "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 actions 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 detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for longer time, appropriate referral needs to be considered. The medical necessity of the request for Xanax 0.5mg #87 is not fully established in this patient. The request is not medically necessary.