

Case Number:	CM15-0050125		
Date Assigned:	03/23/2015	Date of Injury:	05/17/1999
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 05/17/1999. She was diagnosed with lumbosacral neuritis not otherwise specified. She had reportedly been injured after trying to help a neighbor who had suffered a seizure and subsequently had severe pain onset 2 days after the event. She was seen most recently on 03/11/2015, whereupon the injured worker rated her pain level as a 9/10. On examination, she had 4/5 strength in all of her lower extremities with hyper-reflexia in the patella and Achilles bilaterally. She was also incontinent for bowels and was to attempt at using Tylenol No. 4 with the indication that Suboxone had been the "best medication she had ever been on" in the past compared to methadone, MS Contin, and Dilaudid. She was to undergo a urine drug test on the same date and had been diagnosed with chronic epidural fibrosis with the noted dorsal column stimulator being utilized with other treatments, including a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Suboxone 8/2mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27, 74-96.

Decision rationale: According to the California MTUS Guidelines, Suboxone is commonly utilized for injured workers who have opioid addiction and can also be utilized to treat chronic pain. However, the most recent clinical documentation did not indicate that the injured worker had undergone a recent urine drug screen or submitted to a current pill count to indicate whether she had been compliant with her medication use and to warrant continuation of the medication. There was also a lack of reference as to how the medication had significantly reduced her symptoms and improved her overall functional ability. Therefore, without meeting the guideline criteria for ongoing use of this medication, the 1 prescription for Suboxone 8/2 mg with 3 refills is not considered a medical necessity.

1 prescription for Zanaflex 4mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: The most recent clinical documentation provided for review did not give any reference to indicate without this injured worker had utilized Zanaflex in the past. Refills are not warranted until a reassessment has been obtained to determine the efficacy from the use of the medication. The current request cannot be supported without reference to whether or not the injured worker had sustained any side effects while utilizing this medication and whether or not it had been effective for treatment of her condition. Therefore, after review of the clinical documentation, the medical necessity for Zanaflex was not established.

1 prescription for Alprazolam 0.5mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

Decision rationale: Benzodiazepines are not recommended under the California MTUS Guidelines. This is due to rapid development of either tolerance or dependency with no reference to use of this type of medication over nonbenzodiazepines. Without reference to the injured worker having utilized this medication without side effects and no indication as to whether or not it had been effectively reducing her symptoms, ongoing use cannot be supported. Therefore, with the prescription written for 3 refills of this medication, and long-term use of benzodiazepines is discouraged, the request for alprazolam 0.5 mg with 3 refills was determined to be not medically necessary.

1 prescription for Decadron 4mg #16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/decadron.html>.

Decision rationale: Without documentation that the injured worker had utilized this medication in the past with sufficient positive response, ongoing use cannot be supported. This medication is utilized to treat severe inflammation with no specification as to what is being treated in this injured worker's case. The CAMTUS guidelines do not support the use of corticosteroids for chronic pain. Therefore, without indication of whether or not this medication had been effectively reducing the injured worker's symptoms and improving her overall functional ability, ongoing use cannot be supported. Therefore, the requested 1 prescription for Decadron 4 mg #16 is not medically necessary.