

Case Number:	CM15-0051854		
Date Assigned:	03/25/2015	Date of Injury:	09/28/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Ohio, North Carolina, Virginia
 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 59-year-old male who sustained an industrial injury on 09/28/2012. Current diagnoses include intractable occipital neuralgia due to closed head trauma and cervical spine injury, posttraumatic labyrinthitis causing dizziness and imbalance, panic attacks, chronic myofascial pain syndrome, and lumbosacral radiculopathy. Previous treatments included medication management and acupuncture. Report dated 02/19/2015 noted that the injured worker presented with complaints that included frequent panic attacks, moderate headache and neck pain, upper and lower back pains. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plans included discontinue Remeron, and recommended Naproxen, Tramadol HCL ER, Xanax ER, and Wellbutrin SR for the next 6 weeks. Disputed treatments include Naproxen and Xanax ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax ER 0.5mg #90 for 6 weeks: Overturned

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

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

Decision rationale: 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 action 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 more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this instance, the injured worker presented to the neurologist with nearly daily symptoms of classic panic disorder. It is apparent that the injured worker had previously taken anti-depressants for depression and anxiety. The neurologist indicated that evaluation by psychiatry was pending as of 2-19-2015. It is clear that the Xanax ER had not been used previously and that this prescription for Xanax ER was a stop-gap measure pending psychiatric evaluation. Therefore, the prescription of Xanax ER on 2-19-2015 appears to be intended as a short-term measure and hence would appear to be medically necessary.

Naproxen 550mg #120 for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Chronic pain chapter. Naproxen section.

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (Total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Anaprox is recommended for the management of acute painful conditions because the sodium salt is more rapidly absorbed. EC-Naprosyn: 375 mg or 500 mg twice daily. Extended-release Naprelan: Not recommended due to delay in absorption

(Napreelan Package Insert) and risk of upper GI bleeding/perforation. In this instance, the injured worker has been prescribed Naproxen 550 mg three times a day since 2-20-2013 for occipital neuralgia and headaches. This dose exceeds the recommended twice daily dosing. Therefore, Naproxen 550 mg #120 for 6 weeks is not medically necessary.