MAXIMUS Federal Services

Case Number:	CM15-0053998		
Date Assigned:	03/27/2015	Date of Injury:	02/26/1986
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Connecticut, California, Virginia
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 62 year old male, who sustained an industrial injury on 2/26/86. He reported back pain. The injured worker was diagnosed as having failed laminectomy syndrome, chronic back pain, muscle spasms, and irritable bowel syndrome. Treatment to date has included the use of an electric scooter and medications including Xanax and Norco. Currently, the injured worker complains of back pain, abdominal pain, and abdominal cramps. The treating physician requested authorization for Xanax 0.5mg #90 and Norco 10/325mg #140. The treating physician noted the current medication regimen kept him functional. Xanax was recommended for anxiety and panic episodes. Norco was recommended for as needed pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #90: 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.

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Xanax unreasonable according to utilization review. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. This is a patient clearly needing focus on decreased medication dependency in long-term management. A previous utilization review modified a similar request for the purpose of weaning, and in the opinion of this reviewer, the current recommendation to modify in order to encourage weaning is appropriate. Therefore, the request for Xanax as a continued therapy as initially requested is considered not medically necessary.

Norco 10/325mg #140: Upheld

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

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury (several decades), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up aimed at working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. If there is objective evidence of functional improvement, it should be documented clearly in order to consider continuation of opioid treatment. While a weaning protocol is in order, there needs to be specific evidence of a plan in place to successfully wean the patient, and without such a plan, the quantity of medications currently requested is considered, in the opinion of this reviewer, to be not medically necessary and appropriate, making the decision to modify the request per utilization review reasonable given the provided records.