

Case Number:	CM15-0054910		
Date Assigned:	03/30/2015	Date of Injury:	04/07/2003
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
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: California, Hawaii

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 52-year-old male who sustained a work related injury on April 7, 2003, incurring back injuries. He was diagnosed with lumbar disc disease, thoracic sprain, and lumbar facet arthropathy and lumbar facet joint pain. Treatment included physical therapy, home exercise program, Radiofrequency Ablation, nerve blocks, and medications. Currently, the injured worker complained of persistent low back pain, left scapular, left thoracic and left knee pain. The treatment plan that was requested for authorization included prescriptions for Xanax with no refills and Hydrocodone with any refills. The injured worker is a 52-year-old male who sustained a work related injury on April 7, 2003, incurring back injuries. He was diagnosed with lumbar disc disease, thoracic sprain, and lumbar facet arthropathy and lumbar facet joint pain. Treatment included physical therapy, home exercise program, Radiofrequency Ablation, nerve blocks, and medications. Currently, the injured worker complained of persistent low back pain, left scapular, left thoracic and left knee pain. The treatment plan that was requested for authorization included prescriptions for Xanax with no refills and Hydrocodone with any refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax Tablets 0.5 mg #30 with no refills: Upheld

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

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

Decision rationale: The patient has persistent low back pain, left scapular, left thoracic and left knee pain. The current request is for Xanax tablets, 5mg #30 with no refills. The attending physician report dated 3/12/15 indicates that Xanax provides 70% improvement of anxiety with 70% improvement in ADLs. Xanax (alprazolam) belongs to a group of drugs called benzodiazepines and is used to treat anxiety disorders, panic disorders and anxiety caused by depression. The MTUS guidelines state that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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." The current request is for a refill and this medication is only supported for short-term usage as MTUS states, "Most guidelines limit use to 4 weeks." There is no documentation that would support extending the use of this medication contrary to MTUS guidelines. Therefore, the request of Xanax is not medically necessary.

Hydrocodone 10/325 mg #210 with no refills: Overturned

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: The patient has persistent low back pain, left scapular, left thoracic and left knee pain. The current request is for Hydrocodone 10/325mg #210 no refills. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the attending physician report dated 3/12/15 indicates that Hydrocodone provides 40% decrease in pain and 40% improvement in ADLs, including house work, yard work, and self care. The patient has an up to date pain contract and the last UDS was consistent. The medication has no adverse effects and the patient shows no aberrant behavior with Hydrocodone. The available medical records establishes medical necessity, and as such, recommendation is for authorization.