

Case Number:	CM15-0055551		
Date Assigned:	03/30/2015	Date of Injury:	12/16/1990
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
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
 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 67 year-old-male who reported an injury on 12/16/1990 due to an unspecified mechanism of injury. On 04/08/2015, he presented for an evaluation regarding his work related injury. He reported pain in the low back, neck, groin, and bilateral lower extremity pain. He noted his low back pain to be severe and associated with numbness, tingling, weakness, and pain extending into the feet. He rated his pain at a 10/10 with medications and an 8/10 with medications. On the date of the visit his pain was noted to be a 10/10. He stated that the medications prescribed were keeping him functional, allowing him to increase mobility, and allowing him to tolerate his activities of daily living and home exercises. His medications included Percocet 10/325 mg 1 by mouth every 4 to 6 hours as needed pain, Soma 320 mg, 1 by mouth every 12 hours for pain as needed for spasm, Xanax 2 mg 1 by mouth every 8 hours as needed for anxiety, Senna 8.5 to 50 mg tabs 1 to 2 by mouth every 12 hours as needed for constipation, naproxen sodium 550 mg 1 by mouth every day for inflammation and pain, Promolaxin 100 mg tabs 1 to 2 every 12 hours as needed for constipation, omeprazole 20 mg 1 to 2 by mouth every morning as needed, ropinirole HCl 1 mg, tamsulosin HCl 0.4 mg, and lisinopril 10 mg. On examination, the thoracic examination was normal, and there was diffuse tenderness over the bilateral occipital musculature with questionable inflammation over the left. He had tenderness to the paraspinals at the L5-S1 and tenderness at the sciatic notches. He had a positive straight leg raise and range of motion was decreased. He had an antalgic weak gait, bilateral lumbar spasm, and decreased lower extremity and decreased right lower extremity

strength. Sensation was decreased to the left L3, left L4, right L2, right L4, right L5, and right S1. It was recommended that the injured worker continue with his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Xanax (Alprazolam).

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The documentation provided indicates that the injured worker was taking Xanax for anxiety as needed. However, there is a lack of documentation showing a quantitative decrease in his anxiety or pain to support this medication has been effective in treating his symptoms, also, 3 refills would not be supported without a re-evaluation to determine treatment success. In addition, further clarification is needed regarding how long the injured worker has been using this medication, as it is only recommended for short-term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Soma 350mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The California MTUS Guidelines indicate that Soma is not recommended for use and is not indicated for long term use if used at all. Further clarification is needed regarding how long he has been using this medication as it is not recommended by the guidelines and is not indicated for long term use. Also, 3 refills would not be supported as this medication is not supported for long term use. Furthermore, there is a lack of documentation showing that he has had a quantitative decrease in pain, or significant improvement in his function while using this medication, and the frequency was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Senna 8.6mg-50mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioid-induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation.

Decision rationale: The Official Disability Guidelines indicate that opioid induced constipation should first be addressed by lifestyle modifications. The documentation provided fails to show that the injured worker has tried lifestyle modifications such as increasing his water intake and exercise to support the request. Also, 5 refills would not be supported without re-evaluating the injured worker to determine the need for continued prescriptions and efficacy of the medication. Furthermore, the frequency was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker has had a quantitative decrease in pain with the use of this medication, and there are no objective findings that show that he has made significant improvement. Also, no official urine drug screens were provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Promolaxin 100mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioid-induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation.

Decision rationale: The Official Disability Guidelines indicate that opioid induced constipation should first be addressed by lifestyle modifications. The documentation provided fails to show that the injured worker has tried lifestyle modifications such as increasing his water intake and

exercise to support the request. Also, 5 refills would not be supported without re-evaluating the injured worker to determine the need for continued prescriptions and efficacy of the medication. Furthermore, the frequency was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.