MAXIMUS Federal Services

Case Number:	CM15-0066171		
Date Assigned:	04/14/2015	Date of Injury:	07/24/2005
Decision Date:	07/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
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 applicant is a represented 39-year-old who has filed a claim for chronic shoulder, arm, neck, and mid back pain reportedly associated with an industrial injury of July 24, 2005. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve requests for Percocet, Xanax, BuSpar, and tizanidine. A RFA form received on March 19, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation date January 16, 2015, the medical-legal evaluator stated that he had recommended against the applicant's returning to work. The medical-legal evaluator did survey several records. It was suggested that the applicant had been using Xanax since early to mid 2014. On January 12, 2015, the applicant reported 7/10 shoulder pain. The note was very sparse to thinly developed. The applicant stated that her medications were beneficial. The attending provider did not elaborate further. The applicant was using senna, Percocet, BuSpar, tizanidine, Xanax, and Atarax. It was stated that the applicant was using Xanax for anxiolytic effect. It was not explicitly stated for what purpose the applicant was using BuSpar. Percocet and senna were renewed. The applicant's work status was not detailed. Little-to-no discussion of medication efficacy transpired. On December 16, 2014, the applicant was described as having chronic, severe neck and shoulder pain. The applicant was using Atarax, Xanax, tizanidine, BuSpar, Percocet, and senna, it was stated. The applicant was using six tablets of Percocet daily, two tablets of BuSpar daily, and up to two tablets of Xanax daily, it was reported. The applicant appeared visibly depressed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, the medical-legal evaluator reported on January 16, 2015. The treating provider likewise suggested that the applicant was not working with permanent restrictions in place. The applicant continued to report pain complaints as high as 7/10 on an office visit of January 12, 2015, despite ongoing Percocet usage. On that date, the attending provider failed to outline meaningful, material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

Xanax 0.25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be employed for "brief periods", in cases of overwhelming symptoms. Here, however, the applicant have been using Xanax for what appeared to have been a minimum of several months to several years. Such long-term usage of Xanax for anxiolytic purposes, thus, was incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402, which suggests reserving usage of anxiolytic medications such as Xanax for "brief periods." Therefore, the request was not medically necessary.

Buspar 10mg tab #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for BuSpar, another anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, since the prescribing provider did not clearly state why he was furnishing the applicant with two separate anxiolytic medications, BuSpar and Xanax. Therefore, the request was not medically necessary.

Tizanidine HCL 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: Finally, the request for tizanidine, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendation. Here, however, the applicant was off work, despite ongoing tizanidine usage. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Percocet, which the applicant was using at a rate of six tablets a day. The applicant continued to report pain complaints as high as 7/10, despite ongoing tizanidine usage. Permanent work restrictions were renewed, unchanged, from visit to visit, seemingly resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.