

Case Number:	CM15-0084900		
Date Assigned:	05/29/2015	Date of Injury:	03/15/2005
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 56-year-old female who sustained an industrial injury on 03/15/2005. The injured worker was diagnosed with left shoulder impingement syndrome, right post-traumatic arthritis of the acromioclavicular joint, lumbar radiculitis, depression and sleep disorder. Treatment to date includes diagnostic testing with latest lumbar and cervical spine magnetic resonance imaging (MRI) in September 2014, multiple surgeries, lumbar epidural steroid injection, shoulder injections, wrist injections, physical therapy, home exercise program and medications. The injured worker is status post partial medial and lateral meniscectomy of the right knee (no date documented), arthroscopic decompression and partial claviclectomy in March 2013, right carpal tunnel release (no date documented), left carpal tunnel release in March 2013, anterior cervical discectomy and fusion at C5-7 in October 2011. According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience lower back pain radiating to the right leg, neck, bilateral shoulder pain and left wrist pain. The injured worker reports Tylenol #4 is less effective than Norco and would like to switch back to Norco. The injured worker ambulates with a cane and has a severe limp. Lumbar spine examination demonstrated decreased range of motion with motor and sensory decreased on the right lower extremity at the L4 through S1 distribution. Current medications are listed as Tylenol # 4, Gabapentin, Prozac, Xanax and Norco. Treatment plan consists of urine drug screening, X-Force with Solar-Care (transcutaneous electrical nerve stimulation unit with heating element), pain management referral for lumbar epidural steroid injection and the current request for Norco, Prozac and Xanax renewals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Xanax. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Alprazolam (Xanax).

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

Decision rationale: This patient receives treatment for chronic pain disorder, anxiety, and depression. This relates back to an industrial injury dated 03/15/2005. The patient has undergone a number of operations including bilateral carpal tunnel release and cervical laminectomy and fusion. On examination, the patient depends on a cane and walks with a limp. There are clinical findings of radiculopathy, L4 to S1 on the right lower limb. This review addresses a request for Xanax refills. Alprazolam is a benzodiazepine. Benzodiazepines are not recommended for long-term use, because their efficacy is not proven. Medication tolerance and dependency develop rapidly, often in as little as a few weeks. When used to treat anxiety, long-term use often causes an increase in anxiety. Rapid cessation of the drug, either iatrogenically or accidentally, can result in seizures. This is why the treatment guidelines recommend limiting benzodiazepine use to less than 4 weeks. Xanax is not medically indicated.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain disorder involving the neck and lower back, anxiety, and depression. This relates back to an industrial injury dated 03/15/2005. The patient has undergone a number of operations including bilateral carpal tunnel release and cervical laminectomy and fusion. On examination, the patient depends on a cane and walks with a limp. There are clinical findings of radiculopathy, L4 to S1 on the right lower limb. This review addresses a request for Norco 10/325 mg, which contains hydrocodone and acetaminophen. This patient receives treatment for chronic pain. This patient has become opioid dependent, exhibits some opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with hydrocodone and acetaminophen is not medically indicated.