

Case Number:	CM14-0145384		
Date Assigned:	09/12/2014	Date of Injury:	10/24/2012
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 10/24/2012. The mechanism of injury was not provided. On 03/25/2014, the injured worker presented with full back pain. Current medications included Alprazolam, Baclofen, Cymbalta, Gabapentin, Percocet, Topamax, and Diazepam. Previous treatment included physical therapy and epidural steroid injections with a rhizotomy. Upon examination of the lumbar spine, there was positive facet loading bilaterally with a negative straight leg raise. Diagnoses were cervicalgia, pain in the thoracic spine, lumbago, and facet syndrome. The provider recommended Oxycodone and Alprazolam. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78..

Decision rationale: The request for Oxycodone 10/325mg #20 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse, behaviors, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, this request is not medically necessary.

Alprazolam 1mg #20: 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 request for Alprazolam 1mg #20 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed alprazolam previously; however, the efficacy of the medication was not provided. The medical documentation does not support continued use of this medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, this request is not medically necessary.