MAXIMUS Federal Services

Case Number:	CM14-0094017		
Date Assigned:	07/25/2014	Date of Injury:	05/18/2000
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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:

This is a 50-year-old female with a 5/18/00 date of injury. The mechanism of injury occurred when she fell from a ladder and her right foot slipped on grease and she went down about 13 steps. According to a progress report dated 6/19/14, the patient rated her lumbar spine pain at 8/10 and her right upper extremity pain at 10/10. She stated that neither one of these is controlled any better on medication. She related that her headaches have increased and are not controlled with Imitrex. Objective findings: slight paralumbar muscle spasm, diffuse tenderness of the right volar and dorsal wrist as well as right medial elbow and medial flexor forearm muscles, mild tenderness about the right upper shoulder region, paracervical muscles showed slight spasm, more on the right side. Diagnostic impression: status post concussion with post traumatic head syndrome, partial complex and secondary generalized seizures, lumbar strain with right lumbar radiculopathy with muscle cramps, right wrist, hand, and elbow strain, right shoulder strain. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment. A UR decision dated 5/23/14 denied the requests for Imitrex and Xanax and modified the request for Norco from 90 tablets to 68 tablets for weaning purposes. Regarding Norco, the patient indicated that he was not receiving adequate pain control with the current use of medication, therefore weaning should be initiated. Regarding Imitrex, the patient stated during the 5/6/14 that her headaches had increased and were not being controlled with the use of Imitrex. Regarding Xanax, documentation notes that the patient had been utilizing the medication long term since at least 1/17/13. Prior UR decisions have non certified requests for continued use of Xanax, therefore additional weaning is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen; On-Going Management; Long-term Users of Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, according to a report dated 6/19/14, the patient stated that her pain is not controlled any better on medication. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, the patient is also taking Xanax. The combination of opioids and benzodiazepines can increase the risk of adverse effects, such as sedation. Therefore, the request for 1 Prescription of Norco #90 was not medically necessary.

1 Prescription of Imitrex 25mg (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (trauma, headaches, etc., not including stress & mental disorders), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sumatriptan).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. According to a progress note dated 6/19/14, the patient stated that her headaches have increased and are not controlled with Imitrex. Guidelines do not support the continued use of medications when there is a lack of functional improvement. In addition, the quantity of medication requested was not noted. Therefore, the request for 1 Prescription of Imitrex 25mg (quantity unspecified) was not medically necessary.

1 Prescription of Xanax 0.5mg #45: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. According to the reports reviewed, the patient has been utilizing Xanax since as early as 8/31/06, if not earlier. Guidelines do not support the long-term use of benzodiazepines. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the patient is also taking Norco. The combination of opioids and benzodiazepines can increase the risk of adverse effects, such as sedation. Therefore, the request for 1 Prescription of Xanax 0.5mg #45 was not medically necessary.