

Case Number:	CM14-0212076		
Date Assigned:	01/02/2015	Date of Injury:	05/19/2014
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Emergency 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:

Patient with reported date of injury on 5/19/2014. Mechanism of injury was not documented. Diagnosis includes chronic low back pain, lumbar degenerative disc disease, thoracic pain, neck pain, cervical facet pain, myalgia, anxiety and positive lumbar radiculitis. Medical reports reviewed. Last report available until 11/19/14. Patient complains of headaches, neck, mid back and low back pain. Pain is 7-8/10 with medications. Objective exam reveals normal strength and sensation. Negative Spurling's. Diffuse neck and back pain mostly to C2-3 and C3-4. Xanax was being given for anxiety and naproxen for pain. Current medications include Fioricet, Aspirin, Naproxen, Gabapentin, Alprazolam, Trazodone, Cyclobenzaprine, Lisinopril-HCTZ and Fentanyl patch. Independent Medical Review is for Naproxen 550mg #60 and Xanax 0.5mg #60. Both requests are Retrospective. Prior Utilization Review on 12/1/4 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Naproxen 550mg, 1 tab BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; NSAIDs, specific drug list & adverse effects Page(s): 67-6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68 and 69.

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient is on Naproxen chronically and the provider has no documented monitoring patient for potential cardiovascular and blood pressure complications. Naproxen is not medically necessary.

Retrospective: Xanax 0.5, 1 tab QHS PRN #60 is not: Upheld

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

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

Decision rationale: Xanax is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. The number of tablets is not appropriate for intermittent use only during panic attacks but chronic persistent use. Xanax is not medically necessary.