

Case Number:	CM14-0218146		
Date Assigned:	01/07/2015	Date of Injury:	03/27/1990
Decision Date:	03/03/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey
 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:

This 57 year old worker was injured on 08/27/1990. The injured worker (IW) is being treated for chronic low back and neck pain. The IW is being treated by a pain management specialist. Subjectively, the IW's pain level is rated between 6 and 7/10. Objective findings were of tenderness to palpation over the right splenius capitus, superior trapezius bilateral, ileolumbar tenderness on flexion at the waist to the knees on extension. The physician reviewing the request reviewed submitted materials that included the request for authorization 12/22/2014 and progress reports 06/30/2014 to 12/17/2014. A request for authorization was received by the agency reviewing the case on 12/22/2014 requesting 1 prescription of Norco 10/325mg #150 between 12/17/2014 and 02/20/2015, one Prescription of Xanax 0.25mg #180 between 12/17/2014 and 02/20/2015, one prescription of Deplin 15mg #90 between 12/17/2014 and 02/20/2015 and one prescription of Metanx #180 x 3 refills 12/17/2014 and 04/21/2015. Norco 10/325mg #150 was modified to 1 prescription of Norco 10/325mg #112 with the intent of using a tapering process. Previous requests have recommended a weaning process for Norco but were delayed due to the concurrent requests for Xanax being certified with modification for tapering purposes. California Medical Treatment Utilization Schedule (CA MTUS) Opioids guidelines were cited, The Xanax 0.25mg #180 was non-certified due to unproven long term efficacy and risk of psychological and physical dependence. ACOEM - American College of Occupational and Environmental Medicine Chapter 15 was cited. Deplin 15mg #90 is not indicated due to discontinuation of the Xanax. Official Disability Guidelines, Pain, Chronic was cited for this. No recommendations were made in CA MTUS regarding Metanx #180 x 3 refills so Official

Disability Guidelines, Pain (Chronic) were used in the decision. An application for independent medical review was made on 12/29/2014 for 1 prescription of Norco 10/325mg #150 (modified), one Prescription of Xanax 0.25mg #180 (non-certified), one prescription of Deplin 15mg #90(non-certified) and one prescription of Metanx #180 x 3 refills (non-certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, previous reviews had already suggested to wean down on Norco. Based on the submitted documents currently, there still does not seem to be any significant evidence of measurable functional gains or pain-reduction directly related to the regular use of Norco. Therefore, in the opinion of this reviewer, it should be considered medically unnecessary without this evidence of benefit. Weaning is recommended.

Xanax 0.25mg #180: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was chronic use of Xanax with previous reviewer recommendations to wean down until discontinued. There was no evidence of any initiation of any weaning. Due to long-term use of Xanax generally being

inappropriate and with risks compared to other medications, it will be considered medically unnecessary. Weaning is recommended.

Deplin 15mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Deplin

Decision rationale: The MTUS Guidelines do not address Deplin. The ODG, however, states that Deplin (L-methylfolate), a medical food, is not recommended. B-vitamins in general are not recommended for general use in someone with chronic pain and even with those exhibiting neuropathy unless there is a direct relationship with their pain and a deficiency of one or more of these b-vitamins which would need to be documented. In the case of this worker, there was no evidence of any deficiency or other indications where Deplin might be warranted. Also, if it were required, there are foods which are high in folate to easily fulfill any folate needs which could be recommended. Therefore, the Deplin will be considered medically unnecessary.

Metanx #180 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, B vitamins & vitamin B complex

Decision rationale: The MTUS Guidelines do not address Metanx. The ODG, however, states that Metanx (L-methylfolate/pyridoxal 5-phosphate/methylcobalamin), a medical food, is not recommended. B-vitamins in general are not recommended for general use in someone with chronic pain and even with those exhibiting neuropathy unless there is a direct relationship with their pain and a deficiency of one or more of these b-vitamins which would need to be documented. In the case of this worker, there was no evidence of any deficiency or medical condition such as pernicious anemia which might have required this food supplement. Therefore, the Matanx will be considered medically unnecessary to continue.