

Case Number:	CM15-0010466		
Date Assigned:	01/28/2015	Date of Injury:	01/27/2011
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/19/2015

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: Physical Medicine & Rehabilitation

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 32 year old female, who sustained an industrial injury on 01/27/2011. She has reported subsequent neck, back and upper extremity pain and was diagnosed with brachial plexus lesions, cervical disc degeneration, ulnar nerve lesion, sprain/strain of shoulder and upper arm and adhesive capsulitis. Treatment to date has included oral pain medication and acupuncture. In a progress note dated 11/13/2014, the injured worker reported increased right shoulder pain. The injured worker was reporting that medications were less effective at relieving pain and that she was only sleeping 1-2 hours a night. Physical examination findings were notable for swelling of the right shoulder and neck, protraction of the right shoulder, anterior placement of the humeral head, restricted range of motion, a loud pop in the joint with posterior subluxation, tenderness to palpation of the biceps groove, subdeltoid bursa and shoulder girdle, weakness of the right trapezius and marked tenderness of the cervical paraspinal muscles with hypertonia and spasms. A request for authorization of refills of Opana for breakthrough pain and Xanax for anxiety was made on 12/23/2014. On 01/05/2015, Utilization Review non-certified a request for Opana, noting that the total oral morphine equivalent per day greatly exceeded guidelines and non-certified a request for Xanax, noting that benzodiazepines were not recommended for long term use. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg, quantity: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 24, 78-80, 107 and 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with increased right shoulder pain. The treater is requesting OPANA 10 MG QUANTITY #240. The RFA dated 12/23/2014 shows a request for Opana 10 mg tablets take 1 up to every 4 to 6 hours as needed for pain, not to exceed 8 per day. The patient's date of injury is from 01/27/2011 and her current work status is SSD, not to return to work. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Opana on 07/17/2014. The 11/13/2014 report shows that the patient states, "medications are less effective." Side effects include drowsiness and difficulty with sleep. The pain medications allow basic ADLs and light function. The urine drug screen from 07/17/2014 show inconsistent results to prescribed medications. In this case, there are no before and after pain scales to show analgesia. No specific ADLs were discussed and the UDS from 07/17/2014 show inconsistent results. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Xanax 1mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 78-80, 107 and 15-16.

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

Decision rationale: This patient presents with increased right shoulder pain. The treater is requesting XANAX 1 MG QUANTITY #60. The RFA dated 12/23/2014 shows a request for Xanax 1 mg tab Sig take 1 up to twice a day as needed for anxiety. The patient's date of injury is from 01/27/2011 and her current work status is SSD, not to return to work. Alprazolam is a benzodiazepine and the MTUS Guidelines page 24 on benzodiazepine states that it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient was prescribed Xanax on 07/17/2014. The 11/13/2014 report notes "pain medications allow basic ADLs and light function." While the patient reports benefit while utilizing this medication, the

long term use of Xanax is not supported by the MTUS Guidelines. The request IS NOT medically necessary.