

Case Number:	CM15-0012366		
Date Assigned:	01/29/2015	Date of Injury:	03/05/1998
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 48-year-old male who sustained an industrial injury on 03/05/1998. He has chronic low back pain. Diagnoses include degenerative lumbar disc protrusion at L4-L5 and L5-S1, lumbago and lumbosacral radiculitis. Treatment to date has included medications, epidural steroid injections, back brace and use an H wave. A physician progress note dated 01/05/2015 documents the injured worker is requesting a refill of medications. Pain levels are 5 out of 10 with medications, and 8 out of 10 without medications. Diazepam really helps with spasms. Treatment requested is for Talwin NX, #240, Tramadol 150mg, #90, and Xanax 1mg, #60. On 01/08/2015, Utilization Review modified the request for Xanax 1mg, # 60 to Xanax 1mg, #56, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/08/2015, Utilization Review modified the request for Talwin NX, #240 to Talwin NX, # 180, and cited was Official Disability Guidelines. On 01/08/2015 Utilization Review modified the request for Tramadol 150mg, # 90, to Tramadol 150mg, # 90 to Tramadol 150mg, #51, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Pain section, Benzodiazepines

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Xanax 1 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are post lumbar epidural; lumbar degenerative disc disease; and left hip and cervical generative disc disease. Progress notes from January 5, 2015 subjectively states the patient is here for a routine checkup and medication refills. There are no changes since the last visit. Subjective VAS pain scale is 8/10 without medications and 5/10 with medications. The documentation indicates the injured worker was on Xanax as far back as June 2, 2014. The injured worker receives monthly refills on a regular basis. The injured worker received a monthly refill on June 2, 2014, June 30, 2014 and July 25, 2014 (monthly thereafter). There was no documentation of objective functional improvement associated with Xanax use to gauge efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Xanax in the face of monthly refills, Xanax 1 mg #60 is not medically necessary.

Talwin NX, #240: 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 Official Disability Guidelines, Pain section, Talwin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Talwin NX #240 is not medically necessary. Talwin is not recommended for the treatment of chronic pain. There is no evidence that supports the addition of Talwin to decrease side effects from opiates. In this case, the injured worker's working diagnoses are post lumbar epidural; lumbar degenerative disc disease; and left hip and cervical generative disc disease. Progress notes from January 5, 2015 subjectively states the patient is here for a routine checkup and medication refills. There are no changes since the last visit. Subjective VAS pain scale is 8/10 without medications and 5/10 with medications. The documentation indicates the injured worker was on Talwin NX as far back as June 2, 2014. The injured worker receives monthly refills on a regular basis. The injured worker received a monthly refill on June 2, 2014, June 30, 2014 and July 25, 2014 (monthly thereafter). There was no documentation of objective functional improvement associated with Talwin NX. Additionally, Talwin is not recommended for the treatment of chronic pain. There is no evidence that supports the addition of Talwin to

decrease side effects from opiates. Consequently, absent clinical documentation with objective functional improvement in addition to guideline recommendations not supporting Talwin use chronic pain, Talwin NX #240 is not medically necessary.

Tramadol 150mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 150 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post lumbar epidural; lumbar degenerative disc disease; and left hip and cervical generative disc disease. Progress notes from January 5, 2015 subjectively states the patient is here for a routine checkup and medication refills. There are no changes since the last visit. Subjective VAS pain scale is 8/10 without medications and 5/10 with medications. The documentation indicates the injured worker was on Tramadol as far back as June 2, 2014. The injured worker receives monthly refills on a regular basis. The injured worker received a monthly refill on June 2, 2014, June 30, 2014 and July 25, 2014 (monthly thereafter). There was no documentation of objective functional improvement associated with Tramadol use to gauge efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Tramadol in the face of monthly refills, Tramadol 150mg #90 is not medically necessary.