

Case Number:	CM15-0016112		
Date Assigned:	02/04/2015	Date of Injury:	04/04/2000
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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:

This 57 year old sustained an industrial injury on 4/4/2000, with subsequent ongoing neck pain and generalized musculoskeletal pain. Ultrasound of bilateral temporomandibular joints, shoulders, wrists and trochanteric bursae showed mild rotator cuff tendinitis, moderate subacromial narrowing. In a PR-2 dated 1/13/15, the injured worker reported sharp pain in the neck with pins and needles sensation and difficulty rotating the neck to the right and left. Physical exam was remarkable for tenderness to palpation to the cervical spine from C4 to C7 with positive compression test, decreased sensation to the C6 dermatome and hypoactive reflexes. Work status was permanent and stationary. The treatment plan included continuing medications (Norco, Xanax, Lyrica, Celebrex and Prevacid) and requesting authorization for acupuncture twice a week for four weeks. On 1/20/15, Utilization Review modified a request for Norco 10/325mg #90 to Norco 10/325mg #68 and Xanax 0.5mg #90 to Xanax 0.5mg #43 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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 sharp, pins and needles pain in her neck. The current request is for Norco 10/325 mg #90. For chronic opiate use, MTUS Guidelines, pages 88 and 89, state, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, 78 also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 07/01/2014. According to progress report dated 07/01/2014, the patient's current pain is rated as 7/10. The treating physician notes that a discussion was made regarding weaning the patient off of Norco and she is willing to try it. The patient also has anxiety and takes Xanax which has helped. Progress report notes that an attempt to decrease her Norco will be made at next visit. Following progress report is dated 11/18/2014 which noted a current pain level again as 7/10. It was noted that a refill of Norco would be dispensed, and we agreed that she will try to see us in 2 months as opposed to 1 month, so #90 should be enough for 2 months. On 01/13/2015, the patient was given a refill of Norco. There was no further discussion regarding medications. In this case, recommendation for further use cannot be made as the treating physician has provided no discussion regarding functional improvement, changes in ADL, or change in work status to document significant functional improvement when taking long-term opioids. There are no discussions regarding aberrant behaviors, and there are no urine drug screens or CURES report to monitor for compliance. The treating physician has failed to document the minimum requirement documentation that are outlined in MTUS for continued opiate use. The requested Norco is not medically necessary, and recommendation is for slow weaning per MTUS.

Xanax 0.5mg #90: Upheld

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

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

Decision rationale: This patient presents with sharp, pins-and-needle-type pain in the neck. The current request is for Xanax 0.5 mg #90. The MTUS Guidelines, page 24, state, Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. This patient has been utilizing Xanax for her continued anxiety since at least 07/01/2014. The MTUS Guidelines recommend maximum of 4 weeks due to unproven efficacy and risk of dependence. Given that

this medication has been prescribed for long-term use, continuation of its use cannot be recommended. The requested Xanax is not medically necessary.