

Case Number:	CM15-0017949		
Date Assigned:	02/05/2015	Date of Injury:	08/12/2002
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 73-year-old female, who sustained an industrial injury on 08/12/2002. The diagnoses have included degenerative of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, degenerative of cervical intervertebral disc, and lumbar radiculopathy. Treatments to date have included epidural steroid injection, heat, ice, rest, gentle stretching and exercise, and medications. Diagnostics to date have included MRI of the thoracic spine on 02/07/2013 showed at T2-3 a 4mm anterolisthesis with disc bulging touching the spinal cord with mild posterior deflection and mild disc bulge at T4-5, T5-6, and T6-7 with disc protrusion at T7-8. Lumbar MRI on 07/14/2009 showed left lateralizing component and disc bulging right paracentral at L1-2, mild disc bulge at L2-3, mild spinal stenosis due to bulging and facet arthropathy at L3-4, and disc bulging with lateral recess stenosis at L4-5, worsening since prior MRI per progress note. In a progress note dated 01/21/2015, the injured worker presented with complaints of thoracic and low back pain. The treating physician reported the injured worker's pain level without medication is 10/10 and with medication 4-6/10. Utilization Review determination on 01/28/2015 non-certified the request for Zofran 4mg #60 and modified the request for Xanax 0.25mg #60 to Xanax 0.25mg #42 citing Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .25mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: The California MTUS guidelines to not recommend long-term usage of benzodiazepines such as Xanax due to reasons of tolerance and dependence. The attached medical record indicates that Xanax has been prescribed for an extended period of time and this is another request for 60 tablets. As such, this request for Xanax is not medically necessary.

Zofran 4mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic); Antiemetic ½ updated April 1, 2015.

Decision rationale: Zofran is an anti-emetic medication indicated specifically for nausea and vomiting secondary to chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. It is not recommended for the treatment of side effects of pain medications. As such, this request for Zofran is not medically necessary.