

Case Number:	CM15-0112861		
Date Assigned:	06/19/2015	Date of Injury:	06/11/1998
Decision Date:	07/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male, who sustained an industrial injury on June 11, 1998. Treatment to date has included lumbar fusion, lumbar coblation nucleoplasty and medications. Currently, the injured worker complains of ongoing back pain and neuropathic pain in his lower extremities. The injured worker rates his pain a 9 on a 10-point scale without medications and a 5 on a 10-point scale when using his Norco and Tramadol. His current medications regimen includes Norco, tramadol, Xanax, gabapentin, Lidoderm patches, Zanaflex and Cicyclomine. He ambulates slowly and uses a cane for assistance. The diagnoses associated with request include lumbar fusion of L4-S1 and coblation nucleoplasty of L5-S1. The treatment plan includes continuation of Norco, tramadol, Gabapentin, Zanaflex and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #60 for DOS 5/28/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, there was a slow gait with use of a cane. Diagnoses also include anxiety and major depressive disorder. Tramadol and Norco were prescribed at a total MED (morphine equivalent dose) of 50 mg per day. There was concern about alcohol use and his recent urine drug test results. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing pain control and the claimant is being closely monitored for medication misuse. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Retrospective Tramadol 50mg #100 for DOS 5/28/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, there was a slow gait with use of a cane. Diagnoses also include anxiety and major depressive disorder. Tramadol and Norco were prescribed at a total MED (morphine equivalent dose) of 50 mg per day. There was concern about alcohol use and his recent urine drug test results. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing pain control and the claimant is being closely monitored for medication misuse. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Xanax 1mg #120: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain with lower extremity radicular symptoms. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, there was a slow gait with use of a cane. Diagnoses also include anxiety and major depressive disorder. Tramadol and Norco were prescribed at a total MED (morphine equivalent dose) of 50 mg per day. There was concern about alcohol use and his recent urine drug test results. Xanax (Alprazolam) is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety, which may be occurring in this case. Gradual weaning is recommended for long-term users. The ongoing prescribing of Xanax is not medically necessary.