

Case Number:	CM15-0114058		
Date Assigned:	06/22/2015	Date of Injury:	06/09/2005
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 6/9/05. The injured worker has complaints of low back pain with radiculopathy down her left leg. The diagnoses have included major depressive disorder, generalized anxiety disorder and lumbosacral neuritis not otherwise specified. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 9/30/64 showed operative changes at L4-5 level with a probable post-operative seroma within the surgical spinectomy/laminectomy bed, partially surrounding the thecal sac, no residual or recurrent disc protrusion is demonstrated at L4-5, mild spinal encroachment at L4-5 level due to minimal annular disc bulging and ligamentum flavum hypertrophy/facet arthropathy, no overt foraminal stenosis and there is also mild clumping of intrathecal nerve roots at eh L4-5 level, which may reflect arachnoiditis; electromyography/nerve conduction study on 10/24/06 showed acute left L5 radiculopathy; lumbar spine X-rays on 9/14/07 showed status post L5-S1 (sacroiliac) decompression with pedicle screws, fusion stable without change; L5-S1 (sacroiliac) fusion with instrumentation on 8/23/06; lumbar spine X-ray 9/14/07 indicated stable fusion; lumbar epidural steroid injection and lumbar facet injections and pain management with norco, xanax and elavil. The request was for 1 prescription for norco 10/325mg #120 and 1 prescription for xanax 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when they result in meaningful pain relief, support of daily functioning and there is a lack of drug related aberrant behaviors. This individual meets these criteria; pain relief is 10-20% with associated improvements with sleep and ADL functioning. No aberrant behaviors are apparent. With these circumstances, the 1 prescription for Norco 10/325mg #120 is supported by Guidelines and is medically necessary.

1 prescription for Xanax 1mg #30: Upheld

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

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

Decision rationale: MTUS Guidelines do not recommend the long-term use of Benzodiazepines for chronic pain or conditions associated with chronic pain (anxiety, insomnia, muscle spasm etc). This is reinforced by the updated ODG Guidelines, which have the same recommendation, but include recent evidence that long-term use is likely associated with increased risk for dementia. Alternative medications are recommended in the Guidelines. The 1 prescription for Xanax 1mg #30 is not supported by Guidelines and is not medically necessary.