

Case Number:	CM15-0126349		
Date Assigned:	07/10/2015	Date of Injury:	02/05/2007
Decision Date:	08/06/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 47-year-old male, who sustained an industrial injury on 2/05/2007. He reported right shoulder pain while pushing a copier on a pallet. The injured worker was diagnosed as having right shoulder pain, cervical degenerative disc disease, cervical post-laminectomy syndrome, anxiety disorder due to multiple medical problems, depression, and chronic pain syndrome. Treatment to date has included diagnostics, activity modifications, physical therapy, cervical epidural steroid injections, right shoulder surgery, cervical spinal surgery in 2008, right shoulder steroid injection, physical therapy, and medications. Currently, the injured worker complains of some relief of right shoulder pain following a steroid injection. He was approved to start physical therapy for his right shoulder and cognitive behavioral therapy. He was having difficulty coping with his current pain situation. Failed medications included Nucynta, Hydromorphone, Kadian, Oxycodone, Oxycontin, Percocet, Gabapentin (dizziness and rash), and nonsteroidal anti-inflammatory drugs (gastrointestinal upset). His pain was rated 6-7/10 with pain medications and 8-9/10 without. A review of symptoms was notable for depression, anxiety, and insomnia. Current medications included Norco, Xanax, Elavil, Miralax, Prilosec, Anaprox, and Zoloft. He reported functional improvement with medication use. The use of Norco and Xanax was noted for greater than 6 months. Urine toxicology was inconsistent with prescribed medications on 10/14/2014, 11/11/2014, and 1/07/2015. Urine toxicology on 3/19/2015 was consistent with prescribed medications. His work status was modified. The treatment plan included the continued use of Norco and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2007 and continues to be treated for right shoulder pain. Medications are referenced as decreasing pain from 8-9/10 to 6-7/10 with reported functional improvement. When seen, there was decreased cervical and right shoulder range of motion. Impingement testing was positive. Norco was prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Xanax was being prescribed on a long-term basis. 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. There are no identified issues of abuse or addiction and medications are providing pain control and functional improvement. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Xanax 0.5mg #87: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 injury occurring in February 2007 and continues to be treated for right shoulder pain. Medications are referenced as decreasing pain from 8-9/10 to 6-7/10 with reported functional improvement. When seen, there was decreased cervical and right shoulder range of motion. Impingement testing was positive. Norco was prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Xanax was being prescribed on a long-term basis. 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 muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition. Continued prescribing was not medically necessary.

