MAXIMUS Federal Services

Case Number:	CM15-0175822		
Date Assigned:	09/17/2015	Date of Injury:	05/10/2011
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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 53-year-old female, with a reported date of injury of 05-10-2011. The diagnoses include cervical degenerative disc disease, left C7 radiculopathy, carpal tunnel syndrome, cervical facet pain, cervical spondylosis, cervical stenosis, degenerative spondylolisthesis at L4-5, and lumbar spinal stenosis more severe at L4-5. Treatments and evaluation to date have included Norco (since at least 03-2015), Xanax (since at least 03-2015), Nucynta, Lyrica, Gabapentin (discontinued), and cervical spinal fusion in 2014. The diagnostic studies to date have included a urine drug screening dated 06-22-2015 with inconsistent findings; a urine drug screening on 04-24-2015 with consistent findings; and left L4-5 transforaminal epidural steroid injection. The progress report dated 08-20-2015 indicates that the injured worker returned for re-evaluation of her neck and upper extremity pain. She reported that her pain was significantly worse. The injured worker stated that she has not had quality of life due to her pain. It was noted that the injured worker took Norco for breakthrough pain and Xanax for anxiety. It was also noted that the injured worker took her medications as directed and denied any significant side effects. She would get occasional pain and numbness radiating in her arms. The injured worker rated her pain (07-20-2015 to 08-20-2015) 10 out of 10 without medications and 8 out of 10 with medications. The objective findings included a slow gait; normal muscle strength in the bilateral upper extremity; intact sensation, but diminished on the left arm and hand; moderate tenderness over the cervical paraspinals; and decreased active range of motion in all fields due to pain. According to the report, the injured worker had an MRI of the lumbar spine on 10-14-2014, which showed mild facet joint hypertrophy, borderline central spinal canal stenosis and facet joint hypertrophy, disk desiccation at L5-S1, a 4-5mm right central disk protrusion in addition to small diffuse disk bulge, and degeneration of L4-5; an MRI of the

cervical spine which showed cervical spondylosis, a 4mm broad-based disc marginal osteophyte at C6-7, and severe bilateral neural foraminal stenosis due to uncovertebral and posterior facet hypertrophy; and electrodiagnostic studies of the bilateral upper extremities on 09-13-2011 which showed bilateral carpal tunnel syndrome and C7 radiculopathy. The treating physician stated that the injured worker continued to have chronic, severe pain after surgery, and she needed her medications to control the pain, so that she could have some quality of life. It was noted that her anxiety would get worse when she was without her medications. The injured worker's work status was noted as temporary total disability. The request for authorization was dated 07-21-2015. The treating physician requested Norco 10-325mg #150 and Xanax 0.5mg #60. On 08-28-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #150 and modified the request for Xanax 0.5mg #60 to Xanax 0.5mg #13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The claimant sustained a work injury in May 2011 and is being treated for chronic neck and bilateral upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 8/10 and allowing for activities of daily living and allowing her to take care of her grandchildren. When seen, there was moderate cervical tenderness and pain with cervical extension. Norco and Nucynta were being prescribed at a total MED (morphine equivalent dose) of more than 180 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Norco 10/325 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in May 2011 and is being treated for chronic neck and bilateral upper extremity pain. Medications are referenced as decreasing pain from 10/10 to 8/10 and allowing for activities of daily living and allowing her to take care of her grandchildren. When seen, there was moderate cervical tenderness and pain with cervical extension. Norco and Nucynta were being prescribed at a total MED (morphine equivalent dose) of more than 180 mg per day. Xanax was being prescribed on a long-term basis. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents

per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Medications are providing marginal pain relief but are documented as improving activities of daily living and quality of life. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose was not medically necessary.