

Case Number:	CM15-0178779		
Date Assigned:	09/21/2015	Date of Injury:	06/01/1998
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/11/2015

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: New York
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial-work injury on 6-1-98. A review of the medical records indicates that the injured worker is undergoing treatment for limb pain, post laminectomy syndrome, right shoulder rotator cuff tear, left carpal tunnel syndrome without surgery and right carpal tunnel syndrome with surgery. Medical records dated (3-9-15 to 8-25-15) indicate that the injured worker complains of back pain with stiffness and soreness, bilateral wrist aching and soreness, and right knee locking. The pain is rated 6-9 out of 10 on pain scale with using medications and 10 out of 10 without medications. This is unchanged. Per the medical record dated 8-25-15, the injured worker notes increased pain in the right shoulder and bilateral hands and back is always painful. She states that the combination of the Norco and Oxycodone allow her to function like shop, take care of herself and her grandkids. Per the treating physician report dated 4-5-10 the injured worker has not returned to work since 2002. The physical exam dated 8-25-15 reveals that there is pain in the right shoulder with positive crepitation, positive Tinel's for the left and right median nerves, and she has a hard time making a fist on either side. The right knee has almost full range of motion except extension. The back exam reveals flexion to below the knees and positive pain in the lumbosacral and sacroiliac areas with spasms noted. Treatment to date has included pain medication, OxyContin since at least 2004, Norco since at least 2015, Xanax since at least 2015, chiropractic, acupuncture, shoulder surgery 2002, back surgery times 3 2001, right knee surgery 2001, hand injections, hand surgery right 2011, hand therapy, trigger point injections with dramatic results, Transcutaneous electrical nerve stimulation (TENS), heat wrap, and other modalities. The treating physician

indicates that the urine drug test result dated 3-9-15 was inconsistent with the medication prescribed. The medical record dated 8-25-15 the physician indicates that the urine drug screen dated 7-15-15 was consistent with the medications. The request for authorization date was 8-27-15 and requested services included OxyContin 30 mg Qty 120, Xanax 0.5 mg Qty 120, Norco 10-325 mg Qty 240 and Norco 10-325 mg Qty 230. The original Utilization review dated 9-3-15 modified the request for OxyContin 30 mg Qty 120 modified to OxyContin 30 mg Qty 45 for weaning and modified request for Norco 10-325 mg Qty 240 modified to Norco 10-325 mg Qty 162 for weaning. The request for Norco 10-325 mg Qty 230 is non-certified as the second script for this medication that should be weaned is not supported. The request for Xanax 0.5 mg Qty 120 is modified to Xanax 0.5 mg Qty 36 as the prior UR modified to 45 and it is for continued weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg Qty 120: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone (Oxycontin) is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no compelling evidence presented by the treating provider that indicates, this injured worker had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested treatment: Oxycontin 30 mg Qty 120 has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Xanax 0.5 mg Qty 120: 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): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per ODG Guidelines, Xanax (alprazolam) is not recommended for long-term use, and is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. Benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks as long-term use can result in increased anxiety. Additionally, there is potential for increased adverse outcomes with concurrent prescribing of medications with sedative properties; as a result, simultaneous prescribing of opioids, tramadol, benzodiazepines and other sedating medications is not recommended. In this case, the injured worker has been prescribed alprazolam for several months without improvement in function or return to work. Additionally, the injured worker is currently being prescribed multiple medications with sedating factors. Furthermore, long-term use of this medication is discouraged and can increase anxiety symptoms. Therefore, the request for Xanax 0.5 mg Qty 120 is not medically necessary.

Norco 10/325 mg Qty 240: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone (Oxycontin) is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no compelling evidence presented by the treating provider that indicates, this injured worker had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Norco 10/325 mg Qty 230: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone (Oxycontin) is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no compelling evidence presented by the treating provider that indicates, this injured worker had any significant improvements from use of this medication, and also review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested treatment: Norco 10/325 mg Qty 230 has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.