

Case Number:	CM15-0178828		
Date Assigned:	09/21/2015	Date of Injury:	03/25/2015
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old male, who sustained an industrial injury on 3-25-15. Medical record indicated the injured worker is undergoing treatment for chronic lumbosacral sprain-strain, chronic thoracic spine sprain-strain and thoracolumbar fractures. Treatment to date has included oral medications including Soma (since at least 4-9-15) and Norco, back brace and activity modifications. (CT) computerized tomography scan of lumbar and thoracic spine performed on 3-25-15 revealed minimal wedge deformity of T11 vertebra body, small 5mm fragment along the posterior superior corner of L5 vertebral body and small 5mm fragment extending posteriorly into the canal at the L4-5 level with moderate central canal narrowing. Currently on 7-6-15, the injured worker complains of continued pain rated 5-6 out of 10 which has not improved. He is temporarily totally disabled. Physical exam performed on 7-6-15 noted tenderness to palpation in the back at midline and paraspinal thoracolumbar junction and lower lumbar and on 8-3-15 revealed diffuse tenderness in the thoracic musculature with tenderness in the posterior thoracic spinous process, sacroiliac joint tenderness, antalgic gait and paravertebral muscle spasm, tenderness in posterior spinous process of lumbar spine and restricted lumbar range of motion. The treatment plan on 8-3-15 included discontinuation of Soma, initiating Skelaxin 800mg, Xanax 1mg, Norco 10-325mg, Ibuprofen 800mg, Prilosec 20mg and physical therapy 2-3 times a week for 4 weeks. On 8-11-15, utilization review non-certified Xanax 1mg noting guidelines do not recommend benzodiazepines for longer than 4 weeks and Norco 10-325mg #120 noting guidelines require documentation of pain relief, functional status, appropriate medication use and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30: 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 rationale: The 31 year old patient complains of lower back pain, as per progress report dated 08/03/15. The request is for XANAX 1mg #30. The RFA for this case is dated 08/04/15, and the patient's date of injury is 03/25/15. Diagnoses, as per progress report dated 08/03/15, included chronic lumbosacral sprain/strain, thoracic sprain/strain, and thoracolumbar fractures. Medications included Norco, Skelaxin, Xanax, Ibuprofen and Prilosec. Diagnoses, as per progress report dated 07/14/15, included T11- T12 compression fractures. The patient also reports intermittent and self-limited urinary incontinence. MRI of the lumbar spine revealed disc bulge and neural foraminal narrowing at L3-4, L4-5 and L5-S1; spinal canal stenosis at L4-5; and facet joint hypertrophy at L4-5 and L5-S1. The patient's pain is rated at 5-6/10, as per progress report dated 07/06/15. The patient is not working and is temporarily totally disabled, as per progress report dated 08/03/15. The MTUS Guidelines page 24, Benzodiazepine section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, 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. In this case, Xanax is only noted in progress report dated 08/03/15. This appears to be the first prescription for this medication. The treater states that Xanax is being prescribed for anxiety. Both MTUS and ODG do not recommends long-term use of this medication. ODG, however, supports short-term use of benzodiazepines in patient's with "moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Nonetheless, the reports do not document moderate to severe anxiety disorder or panic attacks in this case. Hence, the request IS NOT medically necessary.

Norco 10/325mg #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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The 31 year old patient complains of lower back pain, as per progress report dated 08/03/15. The request is for NORCO 10/325mg #120. The RFA for this case is dated 08/04/15, and the patient's date of injury is 03/25/15. Diagnoses, as per progress report dated 08/03/15, included chronic lumbosacral sprain/strain, thoracic sprain/strain, and thoracolumbar fractures. Medications included Norco, Skelaxin, Xanax, Ibuprofen and Prilosec. Diagnoses, as per progress report dated 07/14/15, included T11- T12 compression fractures. The patient also reports intermittent and self-limited urinary incontinence. MRI of the lumbar spine revealed disc bulge and neural foraminal narrowing at L3-4, L4-5 and L5-S1; spinal canal stenosis at L4-5; and facet joint hypertrophy at L4-5 and L5-S1. The patient's pain is rated at 5-6/10, as per progress report dated 07/06/15. The patient is not working and is temporarily totally disabled, as per progress report dated 08/03/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 07/06/15. The patient appears to be taking the medication consistently since then. Prior reports document the use of Percocet. The treater, however does not discuss the efficacy of the medication. There is no documentation of change in pain scale indicating before and after analgesia due to Norco use. There is no discussion regarding Norco's impact on the patient's ability to perform activities of daily living as well. MTUS states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior, nor discussion regarding adverse effects of Norco. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request IS NOT medically necessary.