

Case Number:	CM15-0024066		
Date Assigned:	02/13/2015	Date of Injury:	11/06/1995
Decision Date:	04/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 6, 1995. In a utilization review report dated February 3, 2015, the claims administrator failed to approve a request for Norco and Xanax. The claims administrator referenced a January 20, 2015 progress note in its determination. The claims administrator contented that the applicant had failed to profit from ongoing Norco usage. The claims administrator also contented that the applicant was using a variety of benzodiazepines, including Xanax and Klonopin. The applicant's attorney subsequently appealed. In an RFA form dated January 26, 2015, Xanax, Norco, Cymbalta, Klonopin, and Neurontin were all endorsed. In an associated progress note dated January 20, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was having issues with limited mobility. The applicant reported ongoing issues with psychological stress and anxiety for which she was seeking a refill of Xanax. Multiple medications were renewed. The applicant reported continuing difficulty performing activities of daily living as basic as standing, walking, and negotiating stairs. A visibly antalgic gait was appreciated. The applicant was off work and had been deemed "disabled," the treating proving acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 MG #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, despite ongoing Norco usage. The applicant was receiving both workers' compensation indemnity benefits and disability insurance benefits, it was acknowledged on January 20, 2015. On that date, the applicant was having difficulty performing activities of daily living as basic as standing, walking, and negotiating stairs. The attending provider failed, in short, to establish any material or meaningful improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Xanax 1MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant is intent on employing Xanax, a benzodiazepine anxiolytic, for chronic, long-term, and scheduled use purposes. Such usage, however, is incompatible with ACOEM Chapter 15, page 402, particularly when employed in conjunction with a second benzodiazepine anxiolytic, Klonopin. Therefore, the request was not medically necessary.