

Case Number:	CM15-0025791		
Date Assigned:	02/18/2015	Date of Injury:	06/16/2000
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 51 year old male, who sustained an industrial injury on 6/16/2000. He has reported back injury. The diagnoses have included lumbar spondylosis/spondylolisthesis, post laminotomy pain syndrome with chronic lumbar radiculitis, chronic cervical musculo-ligamentous sprain/strain, status post left shoulder rotator cuff repair, erectile dysfunction, hypertension, secondary depressive disorder, diabetes and prostate cancer. Treatment to date has included spinal cord stimulator, medications and physical therapy. Currently, the injured worker complains of back pain. On physical exam lumbar spine tenderness and referred back pain with straight leg raise. On 1/14/15 Utilization Review submitted a modified prescription for Prosom 2mg #30 to Prosom 2mg #15, noting it is not recommended for long term use, modified prescription for weaning purposes and Xanax .5mg #45 modified to #30 noting it is not recommended for long term use, modified prescription for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 2/10/15, the injured worker submitted an application for IMR for review of generic prescription drug and Xanax XR .5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27, 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment index, 13th edition (web), 2015, Pain-Anxiety medication.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Chronic, Insomnia.

Decision rationale: According to the documents available for review, the injured worker has been using this medication for long-term treatment, which is in contrast to the ODG recommendations. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Xanax 0.5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 27, 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment index, 13th edition (web), 2015, Pain- Anxiety.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.