

Case Number:	CM15-0048552		
Date Assigned:	04/23/2015	Date of Injury:	11/23/2005
Decision Date:	06/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/13/2015

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, Indiana, 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 51-year-old male with an industrial injury dated 11/23/2005. His diagnoses included cervical spine radiculitis, anxiety disorder and lumbar spine myofascitis with radiculitis and disc injury. Prior treatments include psychiatry visits and medications. He presents on 02/16/2015 with complaints of severe lower back pain radiating down right leg. He also complained of pain in right shoulder with stiffness in neck. Objective findings noted tenderness to cervical spine, lumbar spine and right shoulder. There was limited range of motion of the cervical and lumbar spine. Treatment plan included anti-inflammatory medications, pain medications and medications for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 2 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are cervical spine radiculitis; anxiety disorder; and lumbar spine myofasciitis with radiculitis and disk injury. The documentation shows the injured worker was taking Xanax as far back as July 8, 2014. Additional medications included Norco, Soma and gabapentin. Subjectively, there are no complaints of anxiety or subjective improvement of anxiety with Xanax. Objectively, there were musculoskeletal findings documented, but no objective findings of anxiety. The most recent progress note in the medical record is dated March 17, 2015. The injured worker was still taking Xanax. There was no documentation of objective functional improvement documented in the medical record. There were no subjective complaints referencing anxiety. Additionally, Xanax is not recommended for long-term use (longer than two weeks). The treating provider prescribed Xanax in excess of eight months, clearly in excess of the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement to support the long-term use of Xanax in excess of the recommended guidelines (not recommended for long-term use-longer than two weeks), Xanax 2 mg #30 is not medically necessary.

Motrin 800 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-selective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical spine radiculitis; anxiety disorder; and lumbar spine myofasciitis with radiculitis and disk injury. The documentation shows the injured worker was taking Motrin is for back as July 8, 2014. The guidelines recommend Motrin at the lowest dose for the shortest period in patients with moderate to severe pain. The treating physician prescribed Motrin in excess of eight months with no attempt to wean. The progress note dated March 17, 2015 showed a decrease in the VAS pain scale from 8-9/10 to 5-6/10. There was no objective functional improvement documented in the medical record. Consequently, absent clinical documentation with objective functional improvement with no attempt to reduce the dose or wean the patient off Motrin 800 mg in excess of eight months, Motrin 800mg #60 is not medically necessary.

