

Case Number:	CM15-0064301		
Date Assigned:	04/10/2015	Date of Injury:	07/30/2014
Decision Date:	05/12/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55-year-old male who sustained an industrial injury on July 30, 2014. He has reported injury to the right knee, neck, and back and has been diagnosed with cervical herniated nucleus pulposus, severe stenosis at C5-6, C6-7, and mild at C3-4, left knee medial collateral ligament laxity and medial meniscus tear, right knee contusion sprain/strain, and lumbar herniated nucleus pulposus, bilateral at L4-5 stenosis worse on the left than the right. Treatment has included medical imaging, surgery, and medications. Currently the injured worker was tender to the cervical and lumbar spine with trigger point and spasm. The treatment request included norco and xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Guidelines state that opioids such as Norco may be appropriate for short-term treatment of moderate to severe pain. Patients on chronic opioids should be monitored for efficacy, side effects, functional improvement, and signs of aberrant drug use. In this case, the patient has been on opioids longer than recommended without clearly documented functional improvement or assessment for aberrant drug use. The request for Norco 10/325 mg #30 is not medically necessary and appropriate.

Xanax 1 mg, sixty count: 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), Knee Chapter.

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

Decision rationale: Guidelines do not recommend xanax for long-term use, but is used to treat moderate to severe anxiety and panic disorders. In this case, the patient suffers from low back and neck pain and spasms. There is no report of anxiety disorder. Thus, the request for xanax 1 mg #60 is not medically necessary and appropriate.