

Case Number:	CM15-0073964		
Date Assigned:	04/24/2015	Date of Injury:	11/17/2011
Decision Date:	07/07/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: Pennsylvania, Ohio, 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 53 year old male, who sustained an industrial injury on 11/17/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spine fusion, right shoulder adhesive capsulitis-status post arthroscopy, status post quadriplegia and possible parasympathetic problems with bilateral upper extremities and bilateral lower extremities. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy, home exercises and medication management. In a progress note dated 3/23/2015, the injured worker complains of bilateral lower extremities pain, neck pain and right shoulder pain. The treating physician is requesting Norco, Xanax, Ambien and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Xanax 5mg, #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 rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Ambien 10mg, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment.

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/Treatment in Worker's Compensation/Pain/ Insomnia Treatment does discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: MTUS supports urine drug testing to assess for the use or presence of illegal drugs. A prior physician review concluded that a repeat urine drug-testing request is not indicated given that such a test was certified December 2014. However, in this case, there is a history of ongoing prescriptions for multiple potential drugs of abuse in a chronic setting in which several drugs have been recommended for discontinuation and there is a history of prior inconsistent urine drug screens. MTUS supports physician discretion to request additional drug testing in such a situation. This request is medically necessary.