

Case Number:	CM15-0094959		
Date Assigned:	05/21/2015	Date of Injury:	08/23/2001
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 37 year old male, who sustained an industrial injury on 8/23/2001. He reported injuring his low back due to falling. Diagnoses have included lumbar degenerative disc disease, chronic low back pain, right sided lumbar radiculitis, pain related insomnia, pain related depression and right foot sprain. Treatment to date has included lumbar surgery, physical therapy and medication. According to the progress report dated 3/26/2015, the injured worker complained of neck and right shoulder pain, with intermittent radiating pain, numbness and tingling into the right upper extremity. He also complained of headaches. The injured worker noted approximately 50% reduction in his pain with the use of his medications. He rated his pain without his medications as 8/10. He stated that his tolerance for standing or walking was approximately 20 minutes with the use of his medications and less than 10 minutes without medications. Physical exam revealed positive impingement signs in the right shoulder with tenderness. There was slight tenderness at the left elbow and left wrist. There was prominent tenderness to palpation at the left rib cage. Exam of the cervical spine revealed tenderness to palpation at the right cervical paraspinal region. Exam of the lumbar spine revealed tenderness in the bilateral lower paraspinal regions. Authorization was requested for Xanax and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2 mg Qty 90: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. The patient has been using Xanax for his anxiety attacks however, this does not seem to be helping. In this case, there is no reason as to why he cannot use antidepressants. Therefore the use of Xanax 2mg #90 is not medically necessary.

Oxycodone 30 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear documentation of functional improvement with previous use of the opioids. There is no documentation of significant pain improvement with previous use of opioids. There is no justification of continuous use of Oxycodone. Therefore, the prescription of Oxycodone 30 mg # 180 is not medically necessary.