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| Case Number: | CM15-0095293 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 10/01/1991 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 04/28/2015 |
| 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old female who sustained a work related injury October 1, 1991. Past history included pancreatitis, chronic migraines, ulcer, and vitamin D deficiency. According to a pain medicine re-evaluation report, dated April 9, 2015, the injured worker presented with neck pain that radiates down the bilateral upper extremities, low back pain that radiates down the bilateral lower extremities, right shoulder pain with popping, right leg pain, poor strength in the right knee with frequent buckling. The pain is rated 3/10 with medication and 7/10 without medication. She reports falling last month in the bathroom, aggravating the right knee and right shoulder pain. She continues on Xanax since 2012 and awaiting transportation to allow follow-up with a psychiatrist. She has limited ambulatory ability and uses a wheelchair. Diagnoses are cervical radiculopathy; lumbar post-laminectomy syndrome; lumbar radiculopathy; s/p fusion lumbar spine; anxiety/depression. Treatment plan included administration of a Toradol and B12 injection, intramuscularly, left deltoid, with good pain relief, refill of intrathecal pump with Morphine Sulfate and Baclofen, and a urine drug screen obtained. At issue, is the retrospective request for authorization for Toradol and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Xanax 1mg #60, DOS: 4/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. Patient has been taking Xanax for at least as far back as one year. Retro Xanax 1mg #60, DOS: 4/9/15 is not medically necessary.

Retro Toradol 60mg/B12 1,000mcg injection, DOS: 4/9/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Injection with anesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. Toradol is only effective for the short-term treatment of pain. In addition, the Official Disability Guidelines state that vitamin B 12 is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Retro Toradol 60mg/B12 1,000mcg injection, DOS: 4/9/15 is not medically necessary.