

Case Number:	CM15-0097887		
Date Assigned:	05/29/2015	Date of Injury:	09/20/2000
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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 65 year old male, who sustained an industrial injury on September 20, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degeneration of the lumbosacral intervertebral disc, degeneration of the thoracic intervertebral disc, and cervical postlaminectomy syndrome. Diagnostic studies to date have included an MRI. Treatment to date has included trigger point injections, aquatic therapy, gym exercise, and medications including opioid, topical non-steroidal anti-inflammatory, anti-epilepsy, anti-anxiety, sleep, and oral non-steroidal anti-inflammatory. On April 15, 2015, the injured worker complains of low back and bilateral leg numbness with prolonged lying in bed or sitting, which is unchanged since the prior visit. He goes to aqua therapy and gym exercise three times a week, which along with his medications, allows him to work full time. The physical exam was unremarkable. The treatment plan includes continuing the Hydrocodone and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxant, Weaning of medications Page(s): 23-24, 66, 124.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker has been treated with Xanax in a chronic manner. The request for Xanax 0.25mg #90 is determined to not be medically necessary.

Hydrocodone 5/300mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is taking Hydrocodone in a chronic manner for chronic pain. Per available documentation, his pain level remains at 8/10 while taking the medication and unchanged from previous visits. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 5/300mg #180 with 2 refills is determined to not be medically necessary.