MAXIMUS Federal Services

Case Number:	CM13-0001536		
Date Assigned:	02/26/2014	Date of Injury:	11/22/2000
Decision Date:	05/28/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in New York and Texas. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 64 year old female injured on 11/22/00 while working as a medical assistant due to repetitive trauma resulting in injuries to bilateral thumbs and wrist. The patient was evaluated for prolonged treatment for chronic neck and upper extremities complaints including medications, physical therapy, acupuncture, work station ergonomic assessment and adjustments, TENS, and lumbar epidural steroid injections. Previous clinical notes indicated the patient was diagnosed with carpal tunnel syndrome, left trigger thumb, and repetitive strain injury with cervical spine pain. Functional restoration program evaluation was approved according to a previous utilization review; however, there was no documentation provided indicating evaluation took place. Clinical documentation indicated the patient was prescribed neurontin 300mg, valium 5mg, and Norco 10/325mg. Valium and Norco were partially certified on 07/03/13 for weaning purposes. Urine drug screen on 07/17/13 indicated the presence of THC. The most recent clinical documentation submitted was dated 07/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines Functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), is a type of treatment included in the category of interdisciplinary pain programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Functional restoration program evaluation was approved according to a previous utilization review; however, there was no documentation provided indicating the evaluation took place and if so, the outcome of the evaluation. As such, the request for 1 Functional Restoration Program cannot be recommended as medically necessary.

PRESCRIPTION FOR VALIUM 5MG #50: 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: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The employee has exceeded the 4 week treatment window. As such, the request for Prescription For Valium 5 mg #50 cannot be recommended at this time.

PRESCRIPTION OF NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation

provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Prescription Of Norco 10/325mg #60 cannot be established at this time.