

Case Number:	CM13-0013407		
Date Assigned:	01/22/2014	Date of Injury:	04/25/2000
Decision Date:	06/16/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/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 injured worker is a 47-year-old who reported an injury on April 25, 2000. The mechanism of injury was not stated. Current diagnoses include lateral epicondylitis, radial styloid tenosynovitis, unspecified myalgia and myositis and brachial neuritis or radiculitis. The injured worker was evaluated on November 12, 2013. The injured worker reported 6/10 pain. The injured worker also reported insomnia and activity limitation. Current medications include Phenergan, lisinopril, Abilify, Adderall, Norco, Pristiq, Xanax, and insulin. Physical examination revealed subluxation of the right ulnar nerve at the cubital tunnel, decreased strength, positive impingement testing on the right, positive De Quervain's, limited grip strength on the left, tenderness to palpation of bilateral lateral epicondyles, and a surgical incision to the left wrist. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since September of 2012. There is no evidence of objective functional improvement. The injured worker continues to report 6/10 pain. There is also no frequency listed in the current request. The request for Norco 10/325 mg, 300 count, is not medically Necessary or appropriate.

1 PRESCRIPTION OF XANAX 1MG #90: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk for dependence. The injured worker has utilized Xanax 1 mg since September of 2012. The injured worker does not maintain a diagnosis of anxiety disorder. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. The request for Xanax 1 mg, sixty count, is not medically Necessary or appropriate.

1 PRESCRIPTION OF ABILIFY 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS CHAPTER, ARIPIRAZOLE (ABILIFY).

Decision rationale: Official Disability Guidelines state Abilify is not recommended as a first line treatment. Abilify is an antipsychotic medication. Antipsychotics are the first line psychiatric treatment for schizophrenia. The injured worker does not maintain a diagnosis of schizophrenia. Therefore, the medical necessity for the requested medication has not been established. The request for Abilify 5 mg, thirty count, is not medically Necessary or appropriate.

1 PRESCRIPTION OF OXYCONTIN 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized OxyContin 20 mg since July of 2013. There is no evidence of objective functional improvement. The injured worker continues to report 6/10 pain with activity limitation. There is also no frequency listed in the current request. The request for Oxycontin 20 mg, thirty count, is not medically Necessary or appropriate.

1 PRESCRIPTION OF ADDERALL 30MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health, Updated: 27 May 2014 (www.nlm.nih.gov).

Decision rationale: Adderall is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder in adults and children. The injured worker does not maintain a diagnosis of attention deficit hyperactivity disorder. The injured worker has utilized Adderall 30 mg since September of 2012. The medically necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. The request for Adderall 30 mg, sixty count, is not medically Necessary or appropriate.