MAXIMUS Federal Services

Case Number:	CM13-0026669		
Date Assigned:	03/14/2014	Date of Injury:	01/20/2006
Decision Date:	04/22/2014	UR Denial Date:	08/31/2013
Priority:	Standard	Application Received:	09/19/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient is a 44-year-old female who reported an injury on 01/20/2006. The mechanism of injury was not provided in the medical records. The patient's diagnoses include status post lumbar fusion; status post left shoulder subacromial decompression, status post excision dorsal ganglion bilateral wrists, and depression. Her symptoms are noted to include numbness in the saddle distribution at both of her inner thighs radiating down to the level just below the knees. Recent physical examination findings include slight trapezial and paracervical tenderness on the left, mild stiffness in the shoulders with some pain on range of motion, and diminished grip strength. It was noted that the patient requires ongoing pain management and psychological treatment. Her medications are noted to include Hydrocodone/Acetaminophen 10/325 mg 5 to 6 times per day, Gabapentin 800 mg 4 times a day, Carisoprodol 350 mg 2 to 3 times per day, Xanax 1 mg 3 times a day, Cymbalta 60 daily, and Amitriptyline 10 mg 3 to 4 times per day. Previous treatments were noted to include surgeries, spinal cord stimulator trial, and previous medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The office visit on 8/28/13: 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 OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: According to the Official Disability Guidelines, office visits with medical providers play a critical role in the diagnosis, treatment, and return to function for injured workers and should be encouraged. The clinical information submitted for review indicates that the patient has been seeing multiple providers for her chronic pain and psychological conditions. Additionally, it was noted that she would be seeing a surgeon and urologist. The request for an office visit on 08/28/2013 failed to provide documentation indicating which provider and/or specialty the patient required an office visit for on 08/28/2013. In the absence of this information, and as the clinical note from her 08/28/2013 office visit was not provided for review, the request is not supported. The retrospective request for the office visit DOS 8/28/13 is not medically necessary and appropriate.

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Criteria For Use, On-Going Management Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation regarding the patient's pain relief, functional status, and the "4 A's" for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The most recent clinical note provided regarding her medications was dated 08/14/2013 and indicated that the patient's medications have been stable and she has been compliant. It was also noted that her Neurontin had recently been increased and she had not reported any side effects. Random drug testing and CURES reports were evaluated and there was no documented evidence of impairment, abuse, or diversion. However, the documentation failed to provide specific details regarding the patient's outcome with use of hydrocodone, including her pain levels with and without medications, her average pain, and how long it takes for pain relief, etc. Additionally, the documentation failed to address the patient's functional status with the use of her medication. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioids, the request for hydrocodone is not supported. Additionally, as the request failed to provide the dose, frequency, and quantity requested, the request is not supported. The request for Hydrocodone is not medically necessary and appropriate.

Carisoprodol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Soma Page(s): 29.

Decision rationale: According to the California MTUS Guidelines, Carisoprodol is not indicated for long-term use and it has a high occurrence for abuse due to its sedative and relaxant effects. The patient is shown to have chronic pain. However, as the long-term use of carisoprodol is not supported by evidence based guidelines, the request is not supported. Additionally, the request failed to provide the dose, frequency, and quantity requested. The request for Carisoprodol is not medically necessary and appropriate

Xanax: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use as efficacy is unproven and there is a significant risk of dependence. The clinical information submitted indicates that the patient has chronic pain; however, the recent documentation submitted failed to indicate what condition the patient was utilizing Xanax for and whether she had a positive outcome with use of this medication. Additionally, as the evidence based guidelines do not support the long-term use of benzodiazepines in general and as the request failed to provide the dose, frequency, and quantity requested, the request is not supported. The request for Xanax is not medically necessary and appropriate.

Amitriptyline: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-16.

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use as efficacy is unproven and there is a significant risk of dependence. The clinical information submitted indicates that the patient has chronic pain; however, the recent documentation submitted failed to indicate what condition the patient was utilizing Xanax for and whether she had a positive outcome with use of this medication. Additionally, as the evidence based guidelines do not support the long-term use of benzodiazepines in general and as the request failed to provide the dose, frequency, and quantity requested, the request is not supported. The request for Xanax is not medically necessary and appropriate.