MAXIMUS Federal Services

Case Number:	CM13-0028078		
Date Assigned:	11/22/2013	Date of Injury:	09/16/2004
Decision Date:	02/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 56 year old female who reported an injury on 09/16/2004, due to a fall that reportedly caused injury to her neck, shoulders, back, and right upper extremity. The patient was previously treated with an internal medicine specialist, a dentist, and a psychiatrist, without significant benefit. The patient's chronic pain was managed with a home exercise program and medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination revealed tenderness to palpation over the cervical paravertebral musculature and trapezius with limited range of motion. The examination of the bilateral shoulders revealed tenderness to palpation of the joints with range of motion described as 120 degrees in flexion and extension. Evaluation of the thoracolumbar spine revealed muscle spasms of the paravertebral musculature and a positive straight leg raising test bilaterally. The patient's diagnoses included a neck sprain, lumbosacral joint/ligament strain, impingement syndrome of the shoulder, and tennis elbow. The patient's treatment plan included continuation of medications. These medications included Voltaren, Norco, Colace, Prilosec, Xanax, and Flurbiprofen cream. A recommendation was also made for a psychological consultation and internal medicine referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

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

Decision rationale: The requested Norco 10/325 mg #60 with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief; documentation of functional benefit; managed side effects, and evidence of monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is monitored for compliance by urine drug screens. However, the documentation did not clearly identify a quantitative assessment of the patient's pain relief or evidence of functional benefit resulting from medication usage. Therefore, continued use would not be indicated. As such, the requested Norco 10/325 mg #60 with 2 refills is not medically necessary or appropriate.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system that would identify the patient's risk and any gastrointestinal disturbances related to medication usage. Therefore, continuation of this medication would not be supported by guideline recommendations. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.

Flurbiprofen 25% 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested flurbiprofen 25% 30 gm is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the

topical use of nonsteroidal anti-inflammatory drugs unless oral formulations of nonsteroidal anti-inflammatory drugs are not tolerated or contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. Therefore, continued use of this medication would not be supported. As such, the requested flurbiprofen 25% 30 gm is not medically necessary or appropriate

Xanax: Upheld

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

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

Decision rationale: The requested Xanax is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines, as there is a significant risk for development of psychological and physical dependence. Additionally, the extended use of these types of medications might actually increase symptoms of anxiety. Therefore, only short courses of treatment are recommended by California Medical Treatment Utilization Schedule. As such, the requested Xanax is not medically necessary or appropriate.

Internal medicine referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: The requested internal medicine referral is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received treatment from an internal medicine physician. The efficacy of that treatment was not established within the documentation. The American College of Occupational and Environmental Medicine recommends specialty consultations when a patient's treatment plan would benefit from additional expertise from a specialized physician. The clinical documentation submitted for review does not clearly identify how an additional internal medicine referral would contribute to the patient's treatment plan. As such, the requested internal medicine referral is not medically necessary or appropriate.