

Case Number:	CM13-0037430		
Date Assigned:	12/18/2013	Date of Injury:	04/24/2009
Decision Date:	02/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/01/2013

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 Internal Medicine and Cardiology has a subspecialty in Cardiovascular Diseases and is licensed to practice in 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 29 year old female who reported an injury on 04/24/2009. The mechanism of injury was not provided for review. However, the patient developed complex regional pain syndrome. Previous treatments have included physical therapy, medications, psychiatric support, and biofeedback therapy interventions. The patient's medications included Norco 10/325 mg, Motrin, Valium, Prilosec, and Xanax. The most recent clinical findings revealed a limited exam due to discomfort, very guarded and protective of the patient's right arm, and resolution of episodes of skin color change along the thumb. The patient's treatment plan included referral to a pain specialist, biofeedback therapy, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketamine

Decision rationale: The referral for pain management is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is requesting referral to pain management to investigate the possibility of using intravenous ketamine to treat her chronic regional pain syndrome; however, this type of treatment is not supported by guideline recommendations. American College of Occupational and Environmental Medicine recommends referral for specialty consultations when the patient has a complex diagnosis that would benefit from additional expertise. However, as the patient is requesting this referral to explore a treatment that is not supported by scientific evidence, the referral would not be indicated at this time. As such, the requested referral for pain management is not medically necessary or appropriate.

Referral for biofeedback therapist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

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

Decision rationale: The requested referral for biofeedback therapist is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has already undergone this type of treatment. California Medical Treatment Utilization Schedule does not recommend biofeedback therapy as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program. The clinical documentation submitted for review does not provide any evidence that the patient is participating in cognitive behavioral therapy. Additionally, as the patient has already participated in this type of program, objective functional improvement would need to be provided to support continuation of therapy. As such, the requested referral for biofeedback therapy is not medically necessary or appropriate.

Xanax 2 mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Benzodiazepines Page(s): 60,23.

Decision rationale: The requested Xanax 2 mg, quantity 60, is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends benzodiazepines should be limited for short courses of treatment. California Medical Treatment Utilization Schedule indicates that the long term use of benzodiazepines in the treatment of anxiety may actually cause a worsening of symptoms. Additionally, California Medical Treatment Utilization Schedule states that continuation of medications in the management of a patient's chronic pain syndrome must be supported by functional benefit and symptom response. The clinical documentation submitted for review does

not provide any evidence of significant functional benefit as it is related to this medication. Therefore, continued use would not be indicated. As such, the requested Xanax 2 mg, quantity 60, is not medically necessary or appropriate.

Retrospective Norco 10/325 mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-80.

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

Decision rationale: The retrospective request for Norco 10/325 #120 with 1 refill 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 treatment. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of increased functional benefit, management of side effects, evidence of symptom response, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of increased functional benefit or monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has pain relief; however, this is not defined by quantitative measures. As such, the retrospective Norco 10/325 #120 with 1 refill is not medically necessary or appropriate.

Retrospective Motrin 800 mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDS Page(s): 60,67.

Decision rationale: Motrin 800 mg #90 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends medications that are used in the management of chronic pain be supported by evidence of pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient is receiving any pain relief or functional benefit as a result of the continued use of Motrin. As such, the requested Motrin 800 mg #90 with 1 refill is not medically necessary or appropriate.

valium 10 mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Benzodiazepines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Benzodiazepines Page(s): 23,60.

Decision rationale: The retrospective request for Valium 10 mg, quantity 60, is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends benzodiazepines should be limited for short courses of treatment. California Medical Treatment Utilization Schedule indicates that the long term use of benzodiazepines in the treatment of anxiety may actually cause a worsening of symptoms. Additionally, California Medical Treatment Utilization Schedule states that continuation of medications in the management of a patient's chronic pain syndrome must be supported by functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence of significant functional benefit as it is related to this medication. Therefore, continued use would not be indicated. As such, the retrospective request for Valium 10 mg, quantity 60, is not medically necessary or appropriate.

Retrospective Prilosec 20 mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and NSAIDS Page(s): 68-69.

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

Decision rationale: The retrospective request for Prilosec 20 mg #120 with 1 refill is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has gastrointestinal upset; however, this is not specifically related to medication usage. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants when patients are at risk for gastrointestinal events related to long-term nonsteroidal anti-inflammatory drug usage. The clinical documentation submitted for review does not provide any evidence that the patient is at moderate to high risk for gastrointestinal events related to medication usage. As such, the retrospective request for Prilosec 20 mg #120 with 1 refill is not medically necessary or appropriate.