

Case Number:	CM13-0069063		
Date Assigned:	01/03/2014	Date of Injury:	10/20/1996
Decision Date:	05/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 Texas and Oklahoma. 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 45-year-old female who reported an injury on 10/20/96. The mechanism of injury was not provided. The clinical documentation indicated that the injured worker had been utilizing Norco and Effexor since January 2013, and Xanax and Soma as of July 2013. The documentation of 10/14/13 revealed that the injured worker had neck pain and pain radiating down both arms and hands greater on the left. The injured worker had constant bilateral wrist pain. It was indicated that the injured worker had a visual cyst on the right wrist that was protruding, and should be removed via syringe or surgically to alleviate the pressure causing the pain to the right wrist. The injured worker was using a walker during her visit. Diagnoses include ganglion cyst versus neuroma dorsum in the right wrist, cervical sprain/strain, radial neuritis of the right upper extremity, status post carpal tunnel and cubital tunnel releases in the right upper extremity, sprain/strain of the left upper extremity, lumbar degenerative disc disease, and lumbar facet joint arthropathy. The treatment plan included a chemical ganglionectomy with phenol injection, a follow-up in three months, and medication refills, including Xanax, Lidoderm, Soma, Norco, Ensure Plus liquid, and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT FOLLOW-UP FOR 6 MONTHS AND TREATMENT: 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.

Decision rationale: The Official Disability Guidelines indicate that the need for a clinical office visit with a healthcare provider is individualized based upon review of the patient's concern, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review indicated that the injured worker was on multiple medications and would require follow-up. However, there was lack of documentation indicating a necessity for a follow-up for six months and treatment. The request as submitted failed to indicate the quantity of visits being requested. There was lack of documentation regarding the type of treatment that was being requested. Given the above, the request is not medically necessary.

30 XANAX 2MG, 1 EVERY NIGHT AT BEDTIME, WITH A REFILL FOR 6 MONTHS: Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommend the chronic use of benzodiazepines due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than two months. There was lack of documentation of objective functional benefit that was received. There was lack of documentation indicating the necessity for six months of refills. Given the above, the request is not medically necessary.

90 SOMA 350MG, 1 THREE TIMES A DAY WITH A REFILL FOR 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain; their use is recommended for less than three weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than three months. There was lack of documentation of objective functional benefit. The objective physical examination failed to indicate the injured worker had necessity for a muscle relaxant. There was lack of documentation indicating the necessity for six months of refills. Given the above, the request is not medically necessary.

60 NORCO 10/325MG, 1 EVERY 12 HOURS FOR PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

Decision rationale: The California MTUS guidelines recommend opiates for the treatment of chronic pain, but there should be documentation of objective functional improvement, an objective decrease in the injured worker's pain level, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than nine months, and there was lack of documentation of the above criteria. Given the above, the request is not medically necessary.

30 EFFEXOR XR 37.54MG, 1 EVERY DAY WITH A REFILL FOR 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain; they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated that with the medications, the injured worker's seizures were under control; however, that is not an indication per MTUS Guidelines for the use of this medication. The clinical documentation indicated that the injured worker had been utilizing the medication for greater than nine months. There was lack of documentation of objective functional improvement, as well as an objective decrease in pain. There was lack of documentation indicating necessity for six months of refills. Given the above, the request is not medically necessary.