

Case Number:	CM14-0000340		
Date Assigned:	01/10/2014	Date of Injury:	04/09/2011
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; prior shoulder surgery; and anxiolytic medications. It is incidentally noted the claims administrator has cited a variety of non-MTUS ODG guidelines, although the MTUS addressed the issues at hands. The applicant's attorney subsequently appealed. In a utilization review report dated December 6, 2013, the claims administrator apparently denied a request for oxycodone, Flexeril, Xanax, and Prilosec. The applicant's attorney subsequently appealed. In a November 27, 2012 progress note, the applicant was described as having chronic hip, shoulder, knee, and low back pain. The applicant is status post an earlier lumbar discectomy, it is stated. The applicant's medications included OxyContin, Percocet, and Xanax at that point in time. The applicant was off of work at that point, it was suggested. On October 7, 2013, the applicant was again described as off of work, on total temporary disability. The applicant is struggling with back pain, shoulder pain, and spasms. The applicant was having gait instability and had to use a cane. The applicant's shoulder range of motion was markedly limited owing to guarding. She was asked to employ a power scooter. OxyContin, Percocet, Xanax, and Prilosec were sought. It was stated that Prilosec was being employed for stomach upset with medication. It is unclear whether this was a request for prophylactic usage for Prilosec or for actual dyspepsia. An earlier note of September 23, 2013, however, was notable for comments that the applicant stated that Prilosec was helping for actual complaints of stomach upset/dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.5 MG TID PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Xanax are not recommended for chronic or long-term use purposes, but, rather, can be employed in applicants for brief periods, in case of overwhelming symptoms, to allow applicants to recoup emotional resources. In this case, however, the attending provider and/or employee are seemingly intending to employ Xanax on a thrice daily, schedule, and/or long-term use basis. This is not an approved indication for the same, according to the ACOEM. It is further noted the employee does not appear to have achieved any significant remission in mental health complaints despite ongoing usage of Xanax. The employee is still having issues with anxiety, depression, guarding, etc. Therefore, the request for continued usage of Xanax is not medically necessary, for all the stated reasons.

FLEXERIL 10MG TID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the employee is using numerous other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary.

PRILOSEC 20 MG BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK, 68-69

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the employee is having issues with dyspepsia apparently brought on by usage of other medications. By analogy and by implication, ongoing usage of Prilosec to combat the same is indicated and appropriate. The employee, furthermore, has indicated that earlier usage of Prilosec has been successful in countering the issues with dyspepsia. Therefore, the request is medically necessary.

OXYCODONE 15MG 6/DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 92

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the employee has failed to meet any of the aforementioned criteria. Specifically, the employee is off of work. The employee remains off of work, on total temporary disability, despite ongoing usage of oxycodone. The employee's ability to perform even basic activities of daily living, such as ambulation, is still significantly constrained. There is no evidence of lasting analgesia achieved through ongoing oxycodone usage. Therefore, the request is not medically necessary.