

Case Number:	CM14-0017838		
Date Assigned:	04/16/2014	Date of Injury:	04/12/2002
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family Practice, 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 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:

53 yr. old male claimant sustained a work injury on 3/5/61 resulting in chronic right shoulder pain and wrist pain. He had a diagnosis of a right rotator cuff tear and adhesive capsulitis and underwent surgery. He had undergone physical therapy. He suffered from post-operative pain and complex regional pain syndrome. An exam note on 10/10/13 indicated the claimant had been taking hydrocodone, Alprazolam, Trazadone and Zolpidem. His diagnosis at the time included wrist fracture, restricted movement of the scapholunate ligament with focal pain, ulnar neuropathy, bicipital tendonopathy, cervical strain and depression. An exam note on 11/25/13 indicates the treating physician replaced the Norco with Methadone, while other medications were continued. A progress note on 1/15/14 indicated the claimant had difficulty with obtaining medications and was undergoing withdrawal. He was discontinued on Methadone and Norco was resumed. A progress note on 2/10/14 noted he had been taking Norco for pain twice daily. Xanax was used for anxiety. He had been taking Nortriptyline for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TRAZODONE 100MG, #60 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress- Trazodone (Desyrel)

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

Decision rationale: Based on the guidelines, there is no documentation of depression treatment response or sleep quality in the several months preceding the request for Trazadone. In addition, the claimant had been on Amitriptyline in the past likely for insomnia and depression. The clinical notes do not specify the indication for Trazadone use. As a result, its continued use is not medically necessary.

PRESCRIPTION OF NORCO 10/325MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids-Specific Drug List, Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on intermittent Norco for several months with no pain scale documentation or objective response . There is also no controlled substance agreement in place to control the irregularity in obtaining medications considering a short term of Methadone use and in availability. The continued use of Norco is not medically necessary.

PRESCRIPTION OF AMBIEN (ZOLPIDEM TARTRATE) 10MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oklahoma Guidelines For Treatment Of Chronic Pain Disorders (2007) Zolpidem (Ambien).

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

Decision rationale: In this case, the claimant had been on Zolpidem for several months. Information on sleep disturbance was not mentioned. Continued use of Zolpidem based on the guidelines is not medically necessary.

PRESCRIPTION OF XANAX ER (ALPRAZOLAM ER), 1MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES, MUSCLE RELAXANTS.

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

Decision rationale: According to the MTUIS guidelines: Benzodiazepines (such as Xanax) are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The claimant had been on Xanax for several months. This exceeds the time frame recommended by the guidelines. Appropriate documentation from a psychiatrist would support use of appropriate antidepressants vs. Xanax. The continued use of Xanax is not medically necessary.