MAXIMUS Federal Services

Case Number:	CM14-0018056		
Date Assigned:	04/21/2014	Date of Injury:	10/20/1996
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 44-year-old who reported a repetitive strain injury on October 20, 1996. Current diagnoses include ganglion cyst versus neuroma in the dorsum of the right wrist, cervical sprain, radial neuritis, status post carpal tunnel and cubital tunnel release in the right upper extremity, left upper extremity sprain, lumbar degenerative disc disease, and lumbar facet joint arthropathy. The injured worker was evaluated on January 20, 2014. The injured worker reported ongoing neck pain with radiation to bilateral upper extremities. Physical examination was not provided for review. Treatment recommendations included a refill of Xanax, Lidoderm, Soma, Norco, Ensure Plus liquid drinks, and Effexor XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2MG,THIRTY COUNT: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk

of dependence. Most Guidelines limit the use for 4 weeks. The injured worker has utilized Xanax 2 mg since January of 2013. There is no documentation of an anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. The request for Xanax 2mg, thirty count, is not medically necessary or appropriate.

LIDODERM PATCHES 5%, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line treatment. There is no documentation of a failure to respond to first line treatment with tricyclic or SNRI (serotonin and norepinephrine reuptake inhibitor) antidepressants or an anticonvulsant such as gabapentin or Lyrica prior to the initiation of topical lidocaine. Additionally, the injured worker has utilized Lidoderm 5% patch since January of 2013, without evidence of objective functional improvement. There is also no frequency listed in the current request. The request for Lidoderm patches 5%, thirty count, is not medically necessary or appropriate.

SOMA 350MG, NINETY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than two to three weeks. The injured worker has utilized Soma 350 mg since January of 2013. There is no evidence of palpable muscle spasm or spasticity. There is also no frequency listed in the current request. The request for Soma 350mg, ninety count, is not medically necessary or appropriate.

NORCO 10/325MG,SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since January of 2013. The injured worker continues to report persistent neck pain with radiation to bilateral upper extremities. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. The request for Norco 10/325mg, sixty count, is not medically necessary or appropriate.

ENSURE PLUS LIQUID 220 ML DRINK, 14 COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health Regarding Dietary Supplements.

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

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. According to the documentation submitted, the injured worker has utilized Ensure Plus liquid drinks since January of 2013. However, it is unclear as to why this injured worker requires a dietary supplement or how it is beneficial in the current treatment plan. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. The request for Ensure Plus liquid 220 ml drink, 14 count, is not medically necessary or appropriate.

EFFEXOR XR 37.54MG, THIRTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Effexor has been FDA approved for anxiety, depression, panic disorder, and social phobias. It is also used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy. The injured worker does not maintain any of the above-mentioned diagnoses. Additionally, the injured worker has utilized Effexor XR 37.54 mg since January of 2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. The request for Effexor xr 37.54mg, thirty count, is not medically necessary or appropriate.