

Case Number:	CM14-0019385		
Date Assigned:	04/21/2014	Date of Injury:	07/28/2000
Decision Date:	07/02/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 07/28/2000 secondary to unknown mechanism of injury. The injured worker was evaluated on 09/17/2013 for reports of right shoulder and neck pain. The exam noted the range of motion of the shoulder was at 90 degrees flexion, 80 degrees abduction, 50 degrees internal rotation and 50 degrees external rotation. The exam also noted the prescription for Xanax was a renewal. The diagnoses included cervical herniated nucleus pulposus and fusion, right shoulder impingement syndrome, depression, insomnia, obesity and possible carpal tunnel syndrome. The treatment plan included and injection to the right shoulder and continued medication therapy. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG #60: Upheld

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

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

Decision rationale: The request for Xanax 1mg #60 is non-certified. The California MTUS Guidelines does not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The documentation provided indicated the injured worker had been prescribed Xanax prior to the evaluation on 09/17/2013 due to it being described as a renewal. This time frame exceeds the amount of time recommended. Therefore, based on the documentation provided, the request is not medically necessary.

TOPICAL CREAM: GABA/KETO/TRAM: Upheld

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

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

Decision rationale: The request for topical cream: Gaba/Keto/Tram is non-certified. The cream contains gabapentin, ketoprofen and tramadol. The California MTUS Guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. The guidelines state that the FDA does not have an indicated use of gabapentin or tramadol topically. The guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of clinical evidence of efficacy of other treatments in the documentation provided. Therefore, the request is not medically necessary.