

Case Number:	CM14-0125103		
Date Assigned:	08/11/2014	Date of Injury:	03/21/2013
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Texas. 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 03/21/2013 due to a fall. Her diagnoses were listed as carpal tunnel syndrome, right lumbar radiculopathy, lumbar intervertebral disc disorder, depressive disorder, depression secondary to ongoing pain, and anxiety. The past treatment was noted as medication, acupuncture, injections, and physical therapy. The diagnostics included unofficial x-rays, a MRI to her hip which suggested a labral tear, and a right ankle MRI that revealed a partial split tear of the peroneus brevis tendon. Her surgical history included a right ankle arthroscopy in January 2014. On 05/27/2014, the injured worker complained of an increase in her low back pain since the surgery. She reports pain to her right ankle and rated it a 7/10 with medication and a 10/10 without medication. She reported going to physical therapy for her right ankle but continued with balance and strength issues. Upon physical examination, the injured worker was noted to have full range of motion and mild tenderness to palpation on the right lateral ankle. She was noted to have some limitation with eversion and inversion. Her medications were listed as Norco 10/325mg, Zanaflex, Somnicin, Xanax, and Prilosec. The treatment plan included a referral to an orthopedic specialist for right knee and shoulder evaluation, to renew physical therapy of the right ankle, refill her medications, and request authorization for a back brace. Requests were received for Norco 10/325mg #90 and Xanax 0.5mg #60. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opioid therapy with evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker rated her ankle pain a 7/10 with medication and a 10/10 without medication. The injured worker has been taking this medication at least since March of 2014. The documentation did not include a sufficient evaluation of her functional limitations or documentation indicating whether the pain medication allowed her to complete her activities of daily living. In the absence of sufficient documentation of efficacy, with evidence of satisfactory response to treatment, indicated by the patient's decreased pain, increased level of function, and/or improved quality of life, the request is not supported at this time. In addition, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of tolerance and dependence. Most guidelines limit use to four weeks. The injured worker was noted to have been taking Xanax at least since May of 2014. The request exceeds the guidelines recommended duration. Additionally, as the request is written, there is no frequency provided. Therefore, the request is not medically necessary.