

Case Number:	CM14-0136332		
Date Assigned:	09/03/2014	Date of Injury:	09/19/2011
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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 Tennessee. 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 patient is a 38-year-old female who has submitted a claim for headaches, bilateral carpal tunnel syndrome, bilateral ulnar nerve cubital tunnel syndrome, stress, and insomnia associated with an industrial injury date of 09/19/2011. Medical records from 10/21/2013 to 04/21/2014 were reviewed and showed that patient complained of neck pain (pain scale grade unavailable) radiating to left shoulder and arm and left wrist pain (pain scale grade unavailable). Physical examination of the cervical spine revealed decreased cervical spine ROM. Physical examination of bilateral shoulders revealed decreased ROM bilaterally. Physical examination of bilateral hands revealed decreased right hand sensation along median and ulnar nerve distribution, decreased left hand sensation along ulnar nerve distribution, and positive Tinel's and Phalen's tests on the left. EMG/NCS of the upper extremities dated 10/12/2012 revealed right chronic active C5-6 radiculopathy. NCS of the upper extremity dated 04/04/2014 documented right C5-6 radiculopathy. X-rays of the cervical spine dated 11/12/2013 revealed anterior cervical discectomy and fusion at C4-5 and C5-6 and uncovertebral hypertrophy at C5-6. X-rays of bilateral shoulders and right wrist dated 11/12/2013 were unremarkable. Treatment to date has included cervical ESI (09/24/2012), right carpal tunnel release (01/07/2014), anterior cervical discectomy and fusion at C4-5 and C5-6 (12/20/2012), physical therapy, Norco 10/325mg (quantity not specified; prescribed since 10/21/2013), Xanax 1mg(quantity not specified; prescribed since 10/21/2013), and Ibuprofen 800mg (quantity not specified; prescribed since 10/21/2013). Of note, there was no documentation of functional outcome from oral pain medications. Utilization review dated 07/28/2014 modified the request for Ibuprofen 800mg #100 to Ibuprofen 800mg #90 for date of service 06/26/2014 because NSAID was first-line for chronic musculoskeletal pain and inflammation treatment. Utilization review dated 07/28/2014 modified the request for Xanax 1mg #60 to Xanax 1mg #30 for the purpose of gradual tapering.

Utilization review dated 07/28/2014 modified the request for Norco 10/325mg 360 to Norco 10/325mg #30 for the purpose of tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG #100, DOS 06/06/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 72.

Decision rationale: As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Ibuprofen 800mg (quantity not specified) since 10/21/2013. The functional outcome from Ibuprofen use was not documented. Furthermore, the guidelines do not recommend Ibuprofen dose of greater than 400mg. The long-term use of Ibuprofen is not in conjunction with guidelines recommendation as well. Therefore, the request for IBUPROFEN 800MG #100, DOS 06/06/2014 is not medically necessary.

XANAX 1 MG #60, DOS 06/26/2014: Upheld

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

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

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines 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. Tolerance develops with long-term use. In this case, the patient was prescribed Xanax 1mg (quantity not specified) since 10/21/2013. However, the functional outcome from Xanax use was not documented. Moreover, the long-term use of Xanax is not in conjunction with guidelines recommendation. Therefore, the request for XANAX 1 MG #60, DOS 06/26/2014 is not medically necessary.

NORCO 10/325MG #60, DOS : 06/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325mg (quantity not specified) since 10/21/2013. However, there was no documentation of analgesia or functional improvement to warrant continuation of Norco use. Therefore, the request for NORCO 10/325MG #60, DOS : 06/26/2014 is not medically necessary..