

Case Number:	CM14-0157074		
Date Assigned:	09/30/2014	Date of Injury:	11/05/2009
Decision Date:	12/04/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; anxiolytic medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve request for Norco, naproxen, and Xanax. Partial approvals were apparently issued for weaning purposes in some cases. The applicant's attorney subsequently appealed. In a handwritten progress note dated September 9, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck pain and constant in nature. Shoulder pain was also reported. The applicant had derivative complaints of sleep disturbance. The applicant was asked to continue current medications, including naproxen, Xanax, Protonix, and Norco. Trigger point injections were apparently performed. The applicant was kept off of work, on total temporary disability. In an earlier note dated July 28, 2014, the applicant again reported ongoing complaints of neck and shoulder pain with derivative complaints of sleep disturbance and anxiety. MRI imaging of the cervical spine was sought. The applicant was asked to remain off of work. In an earlier note dated February 27, 2014, the applicant was again given prescriptions for Norco and Xanax owing to ongoing complaints of severe neck pain with derivative complaints of sleep disorder. The applicant, once again, was again kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Q6H: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report ongoing complaints of neck pain, reportedly severe, despite ongoing Norco usage. The attending provider has failed to outline any quantifiable decrements in plain or meaningful improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Naproxen 550mg BID with meals: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Functional Restoration Approach to Chronic Pain Management Page(.

Decision rationale: The request for naproxen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, despite ongoing naproxen usage. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

Xanax 1mg QHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, all evidence on file points to the attending provider and/or the applicant using Xanax, a benzodiazepine anxiolytic, for chronic, long-term, and/or scheduled use purposes, for both sedative and anxiolytic effect. This is not an ACOEM-endorsed role for Xanax (alprazolam). Therefore, the request was not medically necessary.