

Case Number:	CM14-0186280		
Date Assigned:	11/14/2014	Date of Injury:	06/12/2003
Decision Date:	12/31/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/08/2014

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 low back, neck, and knee pain with derivative complaints of headaches and anxiety reportedly associated with an industrial injury of June 12, 2003. In a Utilization Review Report dated October 11, 2004, the claims administrator failed to approve a request for Xanax, Duragesic, Norco, and Effexor. The claims administrator stated that its decisions were based on a progress note of September 23, 2014. The claims administrator suggested that the applicant was off of work in its report. The applicant's attorney subsequently appealed. In a May 29, 2012 progress note, the applicant reported ongoing complaints of neck, back, shoulder, and knee pain. The applicant was using MS Contin, Reglan, Provigil, Elavil, Synthroid, Prilosec, Flector, and Imitrex, it was acknowledged. The applicant was placed off of work for a day and then asked to resume working. On August 20, 2013, the applicant was asked to try meditating and exercising to try and diminish her pain. The applicant was missing lots of days from work and was reportedly working on a part-time basis, five hours a day. In a September 17, 2013 progress note, the applicant reported 8/10 pain without medications versus 4/10 pain with medications. The applicant was using Duragesic, Norco, Reglan, Provigil, Elavil, Synthroid, Prilosec, Maxalt, Xanax, and Effexor, it was acknowledged. In a September 20, 2014 progress note, the applicant reported ongoing complaints of neck, back, and knee pain. The attending provider noted that the applicant had been off of work for the last two months owing to a flare of fibromyalgia. The attending provider then stated, somewhat incongruously, that the applicant was off of work. A two-month supply of medications was renewed, along with a rather proscriptive 5-pound lifting limitation which was seemingly resulting in the applicant's removal from the workplace. Duragesic, Norco, Reglan, Xanax, and Effexor were all endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for chronic or long-term use purposes, with most guidelines limiting usage of the same to four weeks. Here, however, the applicant had been using Xanax for what appeared to be a minimum of several years. Earlier progress notes of 2012 were notable for the fact that the applicant was using Xanax as of that point in time. Continuing usage of the same is incompatible with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Duragesic Patches, 50 mcg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

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

Decision rationale: 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 was described on the most recent office visit of September 23, 2014, referenced above, as having been off of work for the preceding two and half months. All evidence on file pointed to the applicant's multifocal pain complaints and fibromyalgia type complaint worsening over time. The attending provider failed to recount any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Duragesic usage on the most recent September 23, 2014 progress note, referenced above. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Norco 10/325 mg, 180 count: Upheld

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

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

Decision rationale: 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. Here, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints were described as heightened on the most recent progress note of September 23, 2014. The documentation on that date suggested that the applicant's pain complaints were trending unfavorably at that point in time. The attending provider failed to recount any material improvements in function achieved as a result of ongoing Norco usage on that date. Therefore, the request was not medically necessary.

Effexor ER 75 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) topic, Functional Restoration Approach to Chronic Pain Management section,.

Decision rationale: While page 16 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that venlafaxine or Effexor is FDA approved in the management of anxiety, depression, panic disorder, and social phobias but can be employed off label for fibromyalgia, as is 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. Here, however, the applicant was off of work, on total temporary disability, despite ongoing usage of Effexor. Ongoing usage of Effexor had failed to curtail the applicant's dependence on opioid agents such as Duragesic and/or Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Effexor. Therefore, the request was not medically necessary.