

Case Number:	CM14-0020871		
Date Assigned:	04/30/2014	Date of Injury:	02/05/2007
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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 Therapy, 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 pain, chronic pain syndrome, muscle spasms, and depression associated with an industrial injury of February 5, 2007. Thus far, the applicant has been treated with analgesic medications, long and short-acting opioids, muscle relaxants, sleep aids, earlier right shoulder surgery, and extensive periods of time off of work, on total temporary disability. In a letter dated August 6, 2013, the applicant was described as off of work, on total temporary disability. The applicant was on Norco, Ambien, Nucynta, senna, Soma, Chantix, and Xanax at that point. The applicant again stated that his neck and arm pain remained limiting to his activities of daily living. The applicant was encouraged to pursue a surgical remedy. Refills of Ambien and Norco were issued. On March 24, 2014, the applicant was again described as off of work, on total temporary disability. The applicant did not work since December 2012. The applicant was asked to discontinue Norco, senna, Xanax, and Zoloft. Little to no rationale was provided. It was stated that the applicant was in the process of finding a new treating provider. Despite the fact that the attending provider's narrative commentary stating that the medications were being discontinued, they were apparently renewed through a subsequent request for authorization form dated March 26, 2014. On a March 12, 2014 progress note, the applicant was described as pending a medical-legal evaluation. The applicant stated that the applicant's pain control on medications which were approved was minimal, with a drop in pain scores from 1-2 points with minimal ability to perform activities of daily living. The applicant was asked to consider a surgical remedy and was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, none of the aforementioned criteria have seemingly been met. The applicant is off of work, on total temporary disability, and has not worked in several years. The limited information on file suggests that the applicant's ability to perform activities of daily living is unimproved despite ongoing opioid therapy. The applicant's reduction in pain scores in 1-2 points is described by the attending provider as minimal. On balance, then, it does not appear that the criteria for continuation for opioid therapy have seemingly been met. Therefore, the request is not medically necessary.

NORCO 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, none of the aforementioned criteria have seemingly been met. The applicant is off of work, on total temporary disability, and has not worked in several years. The limited information on file suggests that the applicant's ability to perform activities of daily living is unimproved despite ongoing opioid therapy. The applicant's reduction in pain scores in 1-2 points is described by the attending provider as minimal. On balance, then, it does not appear that the criteria for continuation for opioid therapy have seemingly been met. Therefore, the request is not medically necessary.

XANAX 0.5MG #60: 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.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, Alprazolam or Xanax, a benzodiazepine anxiolytic, is not indicated for chronic or long-term use purposes. Benzodiazepines such as Xanax are the treatment of choice for very few conditions, the MTUS notes. Most guidelines limit their usage to four weeks. In this case, however, the attending provider is furnishing the applicant with 30-60 tablets of Xanax on a monthly basis, implying that the applicant is using it on a chronic, long-term, and scheduled use purpose as opposed to an as-needed purpose. This is not an approved indication for Xanax. Therefore, the request is not medically necessary.