

Case Number:	CM14-0034989		
Date Assigned:	07/23/2014	Date of Injury:	01/13/1999
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 pain reportedly associated with an industrial injury of January 13, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and chiropractic manipulative therapy; various interventional spine procedures; unspecified amounts of acupuncture, massage therapy, and aquatic therapy; and earlier lumbar fusion surgery with subsequent revision. In a Utilization Review Report dated March 12, 2014, the claims administrator apparently retrospectively approved a request for Cymbalta, Elavil, Prilosec, and Desyrel, while retrospectively denying request for alprazolam, Flexeril, oxycodone, and Oxycontin. The applicant's attorney subsequently appealed. In a progress note dated January 15, 2014, the applicant presented with multifocal chronic pain complaints, about the shoulder, arm, forearm, hand, leg, hip, back, and buttocks. The applicant reported an average pain score of 9/10, aggravated by sitting or standing for prolonged periods. The applicant had issues with weakness, depression, and headaches. The applicant is waking up at night with severe pain, it was further noted. The applicant is asked to continue Oxycontin, Oxycodone, Elavil, Flexeril, Prilosec, Xanax, And Desyrel. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On December 17, 2013, the applicant again reported multifocal shoulder, arm, leg, hip, and knee pain, averaging 9/10, exacerbated by motion, standing still, squatting, resting, motion, swimming, and/or walking. The applicant was having issues with depression, frustration, difficulty sleeping, etc. A variety of medications were renewed, including Oxycontin, Oxycodone, Elavil, Flexeril, Prilosec, Xanax, And Desyrel. The applicant's work status, again, was not stated. It did not appear that the applicant is working, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Alprazolam 0.5mg, 2 tabs twice a day as needed, #160 (DOS: 12/17/13 and 1/15/14): Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does support usage of benzodiazepine anxiolytic such as Alprazolam for (brief period) in cases of overwhelming symptoms which interfere with daily function to achieve a brief alleviation of symptoms so as to allow an applicant with the opportunity to recoup emotional or physical resources, anxiolytics are not, conversely, recommended for the chronic, long-term, and/or scheduled use purpose for which they are seemingly being proposed here. The request for 160 tablets of Alprazolam does imply long-term, chronic, and/or scheduled usage of the Alprazolam. This is not consistent with ACOEM. There is no evidence of any acute decomposition in mental health issues which would support provision of alprazolam in the amount and quantity sought by the attending provider. Therefore, the request is not medically necessary.

Retrospective Flexeril (Cyclobenzaprine) 10mg, three times a day as needed, #90 (DOS: 12/17/13 and 1/15/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, psychotropic, and opioid agents. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Retrospective Oxycodone IR 15mg, every six hours, #120 (DOS: 12/17/13 and 1/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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 a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints remain quite high, in the 9/10 range, despite ongoing usage of opioids. The applicant has stated that she is having difficulty performing even basic activities of daily living such as standing, walking, sitting, kneeling, squatting, etc., despite ongoing usage of Oxycodone. Continuing the same, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.

Retrospective Oxycontin 60mg, twice a day, #60 (DOS: 12/17/13 and 1/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant is off of work. The applicant continues to report pain in the 9/10 range or greater, despite ongoing usage of OxyContin. The applicant is having difficulty performing even basic activities of daily living such as standing, sitting, walking, and squatting. Continuing OxyContin did not appear to be indicated. Therefore, the request is not medically necessary.