

Case Number:	CM14-0035133		
Date Assigned:	06/23/2014	Date of Injury:	05/10/2005
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 injured worker is a 57-year-old female with a reported date of injury on 05/10/2005. The mechanism of injury reportedly occurred when the worker was demonstrating self-defensive moves with school staff. The injured worker presented with chronic neck pain, bilateral radicular symptoms and persistent heart palpitations. The injured worker rated the pain at 8/10. Previous physical therapy and conservative care were not provided within the documentation available for review. Psychological testing revealed a reduced level of psychological functioning, major depression, recurrent and severe without psychotic features. Within the clinical note dated 01/29/2014, the physician indicated that the injured worker was doing worse. In addition, the injured worker noted that she was utilizing Xanax, which was prescribed 3 times a day; but when undergoing increased stress, the injured worker stated she would take it up to 5 times a day as well as the Norco, of which she was taking up to 8 tablets a day. Previous psychological and psychiatric care was not provided in the documentation available for review. The Request for Authorization for alprazolam 0.5 mg #90 with 3 refills and hydrocodone 10/325 mg #120 with 3 refills was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Alprazolam .5mg #90 with 3 refills: Upheld

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

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

Decision rationale: The injured worker is a 57-year-old female with a reported date of injury on 05/10/2005. The mechanism of injury reportedly occurred when the worker was demonstrating self-defensive moves with school staff. The injured worker presented with chronic neck pain, bilateral radicular symptoms and persistent heart palpitations. The injured worker rated the pain at 8/10. Previous physical therapy and conservative care were not provided within the documentation available for review. Psychological testing revealed a reduced level of psychological functioning, major depression, recurrent and severe without psychotic features. Within the clinical note dated 01/29/2014, the physician indicated that the injured worker was doing worse. In addition, the injured worker noted that she was utilizing Xanax, which was prescribed 3 times a day; but when undergoing increased stress, the injured worker stated she would take it up to 5 times a day as well as the Norco, of which she was taking up to 8 tablets a day. Previous psychological and psychiatric care was not provided in the documentation available for review. The Request for Authorization for alprazolam 0.5 mg #90 with 3 refills and hydrocodone 10/325 mg #120 with 3 refills was not submitted. The rationale for the request was not provided within the documentation available for review. Therefore, the request for alprazolam 0.5 mg #90 with 3 refills is not medically necessary.

Prescription of Hydrocodone 10/325mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend that the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A satisfactory response to treatment would be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The clinical information provided for review lacks documentation related to the injured worker's pain relief, functional status, appropriate medication use and side effects. There is a lack of documentation related to the therapeutic benefit of the ongoing use of hydrocodone. According to the clinical information provided, the injured worker has been utilizing Norco prior to 2012. The clinical information provided for review lacks documentation related to the injured worker's functional deficits and pain relief. Within in the clinical note dated 01/29/2014, the physician indicated that the injured worker was utilizing Norco at 8 tablets per day. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for hydrocodone 10/325 mg #120 with 3 refills is not medically necessary.

