

Case Number:	CM14-0036272		
Date Assigned:	06/27/2014	Date of Injury:	12/12/2009
Decision Date:	08/14/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/25/2014

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 Family Practice 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:

This is a 36 year old male claimant sustained a work injury on 12/12/09 involving the shoulders, legs, chest and low back. He was diagnosed with rotator cuff sprain, synovitis, fracture of the media malleolus, sprain of the coccyx, pain in the lower legs and anxiety. A progress note on February 19, 2014 indicated he had continued pain in the right hip and the head. The pain is relieved with exercise, heat, ice, injection and massage. His pain had been managed with Norco 10 mg tablets four times a day and ibuprofen. He had been taking Xanax mg daily for anxiety. His review of systems were notable for anxiety, depression and extreme weakness. The psychiatric exam was unremarkable. Physical examination at the time was unremarkable and non-focal. With medications his pain is three out of 10 and without it is six out of 10. The treating physician continue his Xanax with 30 tablets in Norco with an additional 150 tablets. He was also referred to a psychologist to continue weekly sessions. Hey prior psychiatric exam on January 20 13,014 noted he was not depressed and his anxiety was better. Psychologist continued to see him for management of psychotropic medications- Vibibryd and Xanax. He had been seeing a psychologist since at least 2010. He had been on Norco since at least 2011 and Xanax since at least August 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialist referral Page(s): 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case the claimant had been seeing a psychologist for several years. The claimant's diagnosis has been determined previously and was managed in a stable fashion. There's no indication of any additional complications, uncertainty or complexities in his diagnosis or treatment plan. The need for a psychology evaluation is not medically necessary.

Xanax .5mg #30 with (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Xanax (Benzodiazepines) are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The claimant had been on Xanax for several months. Continued Xanax is not medically necessary.

Norco 10/325mg, #150 with (1) refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for a year without significant improvement in function. The continued use of Norco is not medically necessary.