

Case Number:	CM14-0055141		
Date Assigned:	07/07/2014	Date of Injury:	06/23/2000
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/24/2014

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:

Patient is a 53 year-old female with date of injury 06/23/2000. The most recent relevant medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/17/2014, lists subjective complaints as bilateral upper extremity pain. Objective findings: Examination of the bilateral upper extremities revealed allodynia along bilateral forearms, wrists and hands. Hands were warm to touch with good circulation. Patient had decreased grip in bilateral upper extremities. Tenderness to palpation posterior cervical spine and bilateral trapezius area. Diagnosis: 1. Complex regional pain syndrome of bilateral upper extremities 3. Myofascial pain. The medical record supplied for review document that the patient has taken the following medications for at least as far back as the dates provided below. Medications: 1. Norco, #90 SIG: Q8hrs PRN pain (patient has taken for at least 1 year) 2. Alprazolam 0.5mg, #60 no SIG given (no prescription before request, but the patient had been taking Xanax for at least a year)

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Quantity 90: 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 9792.20 - 9792.26 Page(s): Pages 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore the request is not medically necessary.

Kenalog 40 MG IM Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anaesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. A Kenalog injection does not meet the above criteria and thus is not medically necessary.

Toradol 30 MG IM Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

Decision rationale: The use of Toradol is recommended as an alternative to opioid therapy. The patient is currently taking opioids for pain control. It may be considered an option after she is weaned from opioids. Therefore the request is not medically necessary.

Alprazolam 0.5 MG Quantity 60 With Three Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): Page 24.

Decision rationale: Xanax (Alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The request is not medically necessary.