

Case Number:	CM14-0060198		
Date Assigned:	07/09/2014	Date of Injury:	05/26/2004
Decision Date:	09/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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 wrist pain, forearm pain, and carpal tunnel syndrome reportedly associated with cumulative trauma at work first claimed on May 26, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounded drugs; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for Xanax, denied a request for diclofenac, denied a request for Tylenol No. 3, denied a request for cyclobenzaprine, and denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a March 24, 2014 progress note, the applicant reported persistent complaints of bilateral hand, wrist, and forearm pain, reportedly heightened, with associated paresthesias also appreciated about the hand. The applicant did exhibit a normal motor, reflex, and sensory exam, however. The applicant was given refills of Xanax, Voltaren, Tylenol No. 3, cyclobenzaprine, and several topical compounded drugs. The applicant was placed off of work, on total temporary disability. On October 14, 2013, the applicant was again described as having persistent complaints of bilateral forearm pain. The applicant was asked to continue Fexmid, Tylenol No. 3, Xanax, Voltaren, Colace, and Prilosec. Topical compounds and a urine toxicology test were also endorsed. The applicant was placed off of work, on total temporary disability. The attending provider stated that Xanax was being employed for sleep and anxiety purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR 1mg #60: Upheld

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

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

Decision rationale: 1. No, the request for Xanax, a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and physical resources, in this case, however, the applicant has seemingly been using Xanax for what amounts to a span of several months, for sleep and anxiety purposes. This is not an ACOEM-approved indication for Xanax, an anxiolytic medication, however. Therefore, the request is not medically necessary.

Diclofenac Sodium XR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATION Page(s): 22.

Decision rationale: 2. The request for diclofenac, an antiinflammatory medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as diclofenac do represent a traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has made no mention of medication efficacy insofar as diclofenac or other medications are concerned on any of the recent progress notes, referenced above. The fact that the applicant is off of work, on total temporary disability, however, does suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing use of diclofenac. Therefore, the request is not medically necessary.

Tylenol #3 30/300mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: 3. The request for Tylenol No. 3, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. 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, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened, as opposed to reduced, from visit to visit, despite ongoing usage of Tylenol No. 3. The attending provider has not outlined any tangible or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.

Cyclobenzaprine HCL 7.5mg #60: 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 Page(s): 41.

Decision rationale: 4. Similarly, the request for cyclobenzaprine is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using a variety of other agents, both opioid and nonopioid. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

30gm Flurbi 25% Menth 10% Camph 3% Cap 0375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: 5. Finally, the flurbiprofen-menthol-camphor-capsaicin containing topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental," to be employed when trials of antidepressants and/or anticonvulsants have failed. In this case, no rationale for selection and/or ongoing usage of the largely experimental topical compound is proffered by the attending provider. There was no clear evidence of anticonvulsant and/or antidepressant failure before the topical compound in question was considered. Therefore, the request is not medically necessary.