

Case Number:	CM14-0066028		
Date Assigned:	07/11/2014	Date of Injury:	10/14/2009
Decision Date:	09/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 represented [REDACTED] employee who has filed a claim for chronic neck, low back and knee pain reportedly associated with an industrial injury of October 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; muscle relaxants; and unspecified amounts of acupuncture over the life of the claim. In a utilization review report dated April 28, 2014, the claims administrator partially certified a request for Norco, denied a request for Soma and partially certified a request for Xanax. The applicant's attorney subsequently appealed. On July 23, 2014, the applicant reported persistent complaints of low back, neck, right shoulder, and bilateral knee pain. The applicant is having difficulty performing even basic activities of daily living, it was posited. The applicant was unable to do housecleaning and/or self cleaning, it was stated. A home health aide was sought. It was suggested that the applicant had exhausted all of her indemnity benefits, including total temporary disability, unemployment consultation, and permanent and partial disability. There was no discussion of medication efficacy on this occasion. On July 3, 2014, the applicant presented with multifocal neck, back, and knee pain. The applicant posited that previous usage of Norco had been beneficial. The applicant did exhibit an antalgic gait. The attending provider did not elaborate on why he believed that earlier medication consumption had been beneficial. In an earlier note dated June 20, 2014, the applicant presented with persistent complaints of neck, knee, and low back pain. The applicant reported 5/10 pain with medications, including usage of Norco up to five times a day, it was stated. Norco, Xanax, and Flexeril were endorsed. On May 8, 2014, the applicant was described as using Norco 5 times a day in conjunction with Soma and Xanax. The attending provider stated that the applicant was using Xanax for decreased anxiety and deal with panic attacks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 return to work, improved functioning, and/or reduced pain achieved as a result of the same. However, the applicant is off of work. The applicant has failed to return to any form of work, despite exhausting permanent/partially disability, total temporary disability, and unemployment compensation benefits, the attending provider has suggested. The attending provider has not established the presence of any meaningful improvements in activities of daily living achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

1 Prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly used in conjunction with opioid agents. In this case, the applicant is, in fact, using a variety of opioid agents. Adding carisoprodol or Soma to the mix is not recommended, particularly in the chronic, long term, and scheduled use purpose for which it is being employed here. Therefore, the request is not medically necessary.

1 Prescription of Xanax 0.25mg #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: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of 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 or physical resources, in this case, however, the attending provider is seemingly employing Xanax for chronic, long term, and scheduled use purposes, for anxiety. This is not an appropriate indication for ongoing usage of Xanax, per the ACOEM. Therefore, the request is not medically necessary.