MAXIMUS Federal Services

Case Number:	CM14-0080888		
Date Assigned:	07/18/2014	Date of Injury:	07/31/2012
Decision Date:	08/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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:

Injured worker is a male with date of injury 7/31/2012. Per primary treating physician's progress report dated 5/2/2014, the injured worker states that he tried to be more active recently. He trired jogging and had increased pain in his left ankle and left foot. He noted swelling and descrbes feeling of tightness in the left leg. He uses ice. He denies numbness, tingling or radiating pain for the lower extremities. He states that he has some relief of symptoms with the use of hydrocodone 2.5 mg and Xanax. On examinatin there is tenderness and effsion palpable at the left foot. There is mild limitation of range of motion with effusion of the left ankle. Diagnoses include 1) contusion, left foot 2) left ankle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 2.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The requesting provider notes that this medication was denied at previous request.The MTUS Guidelines do not recommend the use of opioid pain medications, in general,

for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management.There is no indication from the medical reports provided for review that the use of hydrocodone has resulted in improved function.It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawl symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Hydrocodone 2.5 mg #60 is determined to not be medically necessary.

Future Urine Toxicology Testing in 60-90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines Procedure Summary - Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use Page(s): 43, 77, 89.

Decision rationale: The requesting provider notes that this test was denied at previous request.The use of urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Urine drug screening may be considered prior to a trial of opioids. The use of urine drug screens may be required in an opioid pain agreement, for chronic use of opioid pain medications.The injured worker is noted to not demonstrate aberrant drug behavior by the requesting physician. The requests for continued opioid pain medications and benzodiazepine medication are not certified. The request for Future Urine Toxicology Testing in 60-90 days is determined to not be medically necessary.

Alprazolam CR 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section and Weaning of Medications section Page(s): 24, 124.

Decision rationale: The requesting provider notes that this medication was denied at previous request.The requesting provider reports that Xanax helps with the injured worker's symptoms. The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropirate treatment would be an antidepressant. The injured worker has already been on this medication for over 4 weeks, and tapering is recommended when used for greater than 2 weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Alprazolam CR 1 mg #60 is determined to not be medically necessary.