MAXIMUS Federal Services

Case Number:	CM14-0085672		
Date Assigned:	08/08/2014	Date of Injury:	05/12/2009
Decision Date:	10/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 a represented [redacted] employee who has filed a claim for chronic neck pain and carpal tunnel syndrome reportedly associated with an industrial injury of May 12, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier cervical fusion surgery; earlier carpal tunnel release surgery, topical agents; and opioid therapy.In a Utilization Review Report dated May 14, 2014, the claims administrator retrospectively denied a request for Lorazepam, retrospectively denied a request for Terocin, retrospectively denied a request for Carisoprodol, approved Ibuprofen, approved Omeprazole, denied Ambien, denied Xanax, denied Norco, denied Ativan, and denied Hydrocodone-Acetaminophen. The claims administrator based all of his decisions almost exclusively on ODG's formulary as opposed to medical necessity. The claims administrator did not incorporate any documentation of the presence or absence of functional improvement with the medications in question. The claims administrator simply approved those medications which are on ODG's formulary and denied those medications which were not on ODG's formulary, despite the fact that California has not adopted the same.The applicant's attorney subsequently appealed.In a May 16, 2014 progress note, the applicant reported persistent complaints of bilateral hand and wrist pain. The applicant was having difficulty performing even basic activities such as gripping, grasping, and the like. The applicant was pending a carpal tunnel release surgery. Ten to twelve sessions of physical therapy were nevertheless sought, along with a thumb spica brace. The applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy or medication list on this date.In an April 2, 2014 progress note, the applicant reported persistent multifocal complaints of neck, hand, and wrist pain. The applicant was asked to continue wrist bracing, Desyrel, and Elavil. The applicant was placed off of work, on total temporary disability. The applicant's complete medication list was

not attached.In a medical-legal evaluation dated March 20, 2014, the applicant reported multifocal upper arm, forearm, wrist, and hand pain. The applicant was using Norco, Motrin, and Soma, it was noted. The applicant reported issues with anger, depression, impatience, frustration, difficulty gripping and grasping, difficulty flexing and bending, etc. The applicant was using Norco, Motrin, Soma, and Xanax, it was acknowledged. Again, there was no explicit mention of medication efficacy.On March 20, 2014, the applicant reported multifocal elbow, wrist, and hand pain with associated upper extremity paresthesias status post a failed left-sided carpal tunnel release surgery. The applicant was on Norco, Motrin, and Soma, it was acknowledged at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Usage of Lorazepam 1mg #30 (Dos 3-5-14): 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 anxiolytics such as Lorazepam may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, however, it appears that the attending provider was intent on employing Lorazepam or Ativan for chronic, long-term, and scheduled use purposes for issues with depression, anxiety, and insomnia. This is not an ACOEM-endorsed role for usage of Lorazepam (Ativan). It is further noted that the applicant has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work, on total temporary disability, and continues to report ongoing issues with depression, frustration, anxiety, etc. For all of the stated reasons, then, the request for Lorazepam (Ativan) was not medically necessary.

Retrospective Usage of Terocin Patch #: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin are "largely experimental." It is further noted that the applicant had seemingly used the agent in question for some time and, furthermore, failed to demonstrate any lasting benefit or functional improvement through usage of the same. The applicant failed to return to any form of work. The applicant continues to

report difficulty gripping, grasping, and performing other basic activities of daily living, despite ongoing usage of Terocin. Therefore, the request was not medically necessary.

Retrospective Usage of Carisprodol 350mg # 60 DOS 3/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol 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 when employed in conjunction with opioid agents. In this case, the applicant was using opioid agents on and around the date of the question, March 12, 2014. The applicant had seemingly already been using Carisoprodol for a span of several months on and around that point in time. No rationale for selection and/or ongoing usage of Carisoprodol in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request was not medically necessary.

Retrospective Usage of Ibuprofen 800mg #60 DOS 3/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here, this recommendation is qualified by commentary made 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, the applicant is off of work, on total temporary disability. Significant complaints of pain persist. The applicant was/is having difficulty performing even basic activities of daily living such as gripping and grasping. The attending provider did not outline any tangible decrements in pain or material improvements in function achieved as a result of ongoing ibuprofen usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Retrospective Usage of Omeprazole 20mg # 60 DOS 3/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file made no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would have compelled provision of Omeprazole. Therefore, the request was not medically necessary.

Retrospective Usage of Zolpidem Tartrate 10mg #30 DOS 3/5/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC and Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically discuss the topic of Zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well-informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien (Zolpidem) is indicated in the short-term treatment of insomnia, for "up to 35 days." In this case, all evidence on file points to the attending provider's employing Zolpidem/Ambien in conjunction with several benzodiazepines for what appears to have been well over 35 days. No rationale for selection of this particular article in the face of the unfavorable FDA position on such usage was proffered by the attending provider. Therefore, the request was not medically necessary.

Retrospective Usage of Alprazolam 1mg #30 DOS 3/5/14: 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,Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Alprazolam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appeared that the attending provider was intent on employing Alprazolam, a benzodiazepine anxiolytic, as a sleep aid/sedative. This is not an ACOEM-endorsed role for Alprazolam. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate

some discussion of applicant-specific variable, such as "other medications" into his choice of recommendations. In this case, no rationale for selection and/or ongoing usage of three separate anxiolytics/sedative agents, namely Alprazolam, Lorazepam, and Zolpidem, was proffered by the attending provider. For all of the stated reasons, then, the request was not medically necessary.

Retrospective Usage of Hydrocodone/Actetaminophen 10/325 mg # 90 DOS 3/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, none of the aforementioned criteria were met. The applicant was off of work, on and around the date of the request. The applicant continued to report heightened complaints of pain, as opposed to reduce complaints of pain, despite ongoing Hydrocodone-acetaminophen usage. The attending provider failed to outline any tangible improvements in function achieved as a result of ongoing Hydrocodone-Acetaminophen usage. All the evidence on file, rather, pointed that the applicant is having difficulty performing even basic activities of daily living such as gripping, grasping, and the like. For all of the stated reasons, then, the request was not medically necessary.

Lorazepam: 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 anxiolytics such as Lorazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, all evidence on file points to the attending provider's employing Lorazepam for chronic, long-term, and scheduled-use purposes, as a sedative. This is not an ACOEM-endorsed role for Lorazepam. No rationale for selection and/or ongoing usage of Lorazepam was proffered by the attending provider. Therefore, the request is not medically necessary.

Terocin patch: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin are deemed "largely experimental." It is further noted that the applicant has already been using Terocin for some time, despite the unfavorable MTUS position on the same and has, furthermore, failed to demonstrate any lasting benefit or functional improvement to date. The applicant is off of work. The applicant continues to remain highly reliant on various forms of medical treatment, including wrist braces, opioid agents, anxiolytic agents, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Terocin usage. Therefore, the request is not medically necessary.

Carisprodol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol 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 when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using opioid agents, including Norco, and has seemingly used Carisoprodol for what appears to be well over four weeks. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary.

Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do present a traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made 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 applicant is off of work, on total temporary disability. The attending provider has not outlined any tangible improvements in function achieved as a result of ongoing ibuprofen usage. The applicant continues to remain reliant on other forms of medical treatment, including opioid agents and wrist braces. All of the

above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing ibuprofen usage. Therefore, the request is not medically necessary.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the attending provider's progress notes failed to make any mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for Omeprazole is not medically necessary.

Zolpiden Tartrate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWc and Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well-informed regarding usage of the same and should, furthermore, furnished some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Zolpidem or Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Zolpidem is not, thus, endorsed for the chronic, long-term, and scheduled-use purpose for which it is seemingly being employed here. Therefore, the request is not medically necessary.

Alprazolam: 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,Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Alprazolam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, all evidence on file points to the attending

provider's employing Alprazolam for chronic, long-term, and scheduled-used purposes, for sedative effect. This is not an ACOEM-endorsed role for Alprazolam, a benzodiazepine anxiolytic. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate applicant-specific variables such as "other medications" into his choice of recommendations. The attending provider, however, failed to furnish any medical evidence or applicant-specific rationale which would justify provision of three separate sedative/anxiolytic agents, namely Alprazolam, Lorazepam, and Zolpidem. Therefore, the request is not medically necessary.