

Case Number:	CM14-0086091		
Date Assigned:	07/23/2014	Date of Injury:	10/24/1997
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old individual was reportedly injured on October 24, 1997. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of pain in the bilateral shoulders. The physical examination demonstrated a tearful, depressed appearing individual with a decreased range of motion in both upper extremities. There is tenderness to palpation reported. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications and other pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

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

Decision rationale: When noting the current progress note for review, the injured employee continues to be careful, depressed, and there is no amelioration of the symptomatology. As outlined in the MTUS, this medication is not recommended for long-term use, because the long-term indications are unproven. There is a risk of dependence, and given the current clinical situation, it is clear that there is no efficacy relative to this medication. This is a muscle relaxant medication and there are no indicators that this is working. As such, when noting the parameters outlined in the MTUS and by the physical examination reported, this is not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: As noted in the MTUS, this medication is an option in terms of treating chronic low back pain or the symptoms of osteoarthritis. The diagnosis offered is carpal tunnel syndrome. There are ongoing complaints of pain. There is no indication of any amelioration of symptomatology and that there is no efficacy whatsoever with use of this medication. Therefore, based on the clinical information presented for review, this is not medically necessary.

Valium 10mg #60: 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 Page(s): 24.

Decision rationale: As noted in the MTUS, the medication is not recommended for long-term use, because the efficacy is unproven and there is a risk of dependence. Most guidelines limit the use of this type of medication to approximately 4 weeks. The range of action of this medication included sedative, hypnotic, anxiolytic and anticonvulsant. Given the current clinical state of pain behaviors, crying, depression, and decreased range of motion secondary to discomfort, it is clear this medication is not demonstrating any efficacy. Therefore, the medical necessity has not been established and is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS, this is a short acting opioid indicated for the management of moderate to severe breakthrough pain. There is a support for short-term application at the lowest dose possible to improve pain and function. However, the opening statement of the current progress note indicates increased amount of pain, depression, anxiety and aptly no indication that the medication protocol being pursued has demonstrated any efficacy. Therefore, when there is no documentation of pain relief, improved functional status or the lowest possible dose, there is no medical evidence establishing the medical necessity for the continuing use of this operation. As such, this request is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/drp/colace-capsules-syrup-liquid.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: This medication is a stool softener. A known complication of the chronic use of opioids is constipation. However, there were no complaints relative to constipation. As such, based on the clinical information presented for review and by the parameters outlined in the MTUS, there is no clear medical necessity for this medication. As such, this request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This individual has a number of pain complaints; however, there is no notation of a gastric system issue. Therefore, when noting the progress notes presented for review and by the parameters outlined in the MTUS, the medical necessity for this medication has not been established. As such, this request is not medically necessary.