

Case Number:	CM14-0186326		
Date Assigned:	11/14/2014	Date of Injury:	03/23/2009
Decision Date:	01/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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 injured worker is a represented employee who has filed a claim for neck, spine, shoulder, knee, and hip pain reportedly associated with an industrial injury of March 23, 2009. The injured worker was originally involved in a traumatic motor vehicle accident resulting in injuries to multiple body parts. Thus far, the injured worker has been treated with the following: Analgesic medications; an exploratory laparotomy following trauma with associated splenectomy; earlier right shoulder surgery; cervical epidural steroid injection therapy; right knee meniscectomy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 14, 2014, the claims administrator failed to approve a request for orphenadrine, Xanax, Percocet, and Neurontin. The injured worker's attorney subsequently appealed. The articles at issue were sought via a Request for Authorization (RFA) form dated October 15, 2014. In a progress note of that date, October 15, 2014, the injured worker reported multifocal complaints of neck, low back, hip, knee, and leg pain, highly variable, 5-6/10 with medications versus 9-10/10 without medications. The injured worker's medications included Neurontin, Percocet, Norflex, Xanax, and Wellbutrin, it was acknowledged. The attending provider stated that his medications allowed him to dress, bathe, shower, and groom himself, as well as make small meals. The injured worker's work status was not furnished, although it did not appear that the injured worker was working. In an earlier progress note dated September 17, 2014, the injured worker again reported multifocal pain complaints about the knee, leg, hip, shoulder, and low back. The injured worker was off of work, on total temporary disability, it was acknowledged. The injured worker had received earlier knee and shoulder surgery in addition to a splenectomy. The injured worker did have issues with depression and anxiety secondary to chronic pain for which the injured worker was under the concurrent care of a psychiatrist. Prescriptions for Neurontin, Norflex, Percocet, Xanax, and Wellbutrin were

endorsed while the injured worker was seemingly kept off of work. It was again stated that the injured worker's medications were working well; however, this was not elaborated or expounded upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg # 90 with 5 refills: 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 Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, injured worker s employing gabapentin should be asked (at each visit) whether there have been improvements in pain and/or function achieved as a result of the same. However, the injured worker is off of work, on total temporary disability. Ongoing usage of Neurontin has failed to curtail the injured worker's dependence on opioid agents such as Percocet. The attending provider has outlined some reductions in pain scores achieved as a result of ongoing medication usage, including ongoing Neurontin usage. A progress note dated October 15, 2014 the attending provider did not document associated substantive improvements in function achieved as a result of the same. Therefore, the request is not medically necessary.

Percocet 10/325mg # 90: 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 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, the injured worker is off of work, on total temporary disability. While the attending provider has reported some decrements in pain scores achieved as a result of ongoing medication consumption by the injured worker has not to return to work. The attending provider did not outline any meaningful improvements in function achieved as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Orphenadrine ER 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution as a second-line option for the treatment of short-term exacerbations of chronic low back pain. However, in this case the 60-tablet, five-refill supply of Norflex endorsed here implies chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Xanax 1mg # 60 with 2 refills: Upheld

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

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

Decision rationale: 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. However, in this case the 60-tablet, two-refill supply of Xanax endorsed here implies chronic, long-term, and/or scheduled usage of the same, for reported symptoms of depression and anxiety. This is not an ACOEM-endorsed role for Xanax. Therefore, the request is not medically necessary.