

Case Number:	CM14-0187883		
Date Assigned:	11/18/2014	Date of Injury:	02/27/2003
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 reportedly associated with an industrial injury of February 27, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; earlier shoulder arthroscopy with multiple revision procedures; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 3, 2014, the claims administrator approved a request for Norco and Percocet, modified a request for Xanax, Neurontin, and Ambien, and denied Valium outright. The claims administrator stated that its decision was based on a September 15, 2014 progress note. The claims administrator stated that the applicant was off of work and also stated that the applicant had alleged multifocal pain complaints secondary to cumulative trauma at work. The applicant's attorney subsequently appealed. In an October 13, 2014 progress note, the applicant presented with multifocal complaints of neck pain, mid back pain, low back pain, elbow pain, knee pain, wrist pain, and hand pain. The applicant was described as exhibiting a partial response to earlier medications. Percocet, Norco, and Xanax were refilled, the latter of which was apparently being issued for anxiolytic effect, it was stated. The applicant was placed off of work, on total temporary disability. In a September 15, 2014 progress note, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, bilateral knee pain, left wrist pain, and left hand pain, with associated weakness and stiffness. The attending provider stated that the applicant responded partially to treatment. Percocet, Norco, Neurontin, Ambien, and Valium were refilled while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2MG QTY: 54.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section. Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or the applicant appear intent on employing Xanax for chronic, long-term, and/or scheduled used purposes, as was suggested via the October 13, 2014 progress note in which the applicant was given 60 tablets of Ambien with five refills. Such usage runs counter to ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of applicant-specific variable, such as "other medications" into its choice of recommendations. Here, however, the attending provider has not furnished a clear rationale for provision of three different anxiolytic and sedative medications, namely Ambien, Valium, and Xanax. Therefore, the request is not medically necessary.

NEURONTIN 400MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant is using gabapentin (Neurontin) should be asked "at each visit" as whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability. The ongoing usage of Neurontin has failed to curtail the applicant's dependence on opioid agents, such as Percocet and Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin. Therefore, the request is not medically necessary.

AMBIEN 10MG QTY: 30.0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Food and Drug Administration.

Decision rationale: While the MTUS did not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider intends on employing a drug for non-FDA label purposes has the responsibility to the well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in short-term treatment of insomnia for up to 35 days. Here, however, the applicant has been using Ambien for what appears to be a span of several months. Such usage is incompatible with the FDA label. Furthermore, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of "other medications" into his choice of pharmacotherapy. Here, however, the attending provider has failed to furnish a compelling rationale for provision of three separate anxiolytic/sedative medications, Xanax, Valium, and Ambien. Therefore, the request is not medically necessary.

VALIUM 10MG QTY: 540.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytic such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or the applicant appear intent on employing Valium for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. Such usage is incompatible with ACOEM Chapter 15, page 402. 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 "other medications" into his choice of recommended pharmacotherapy. Here, however, the prescribing provider has failed to furnish any rationale for provision of three separate anxiolytic/sedative medications, Xanax, Valium, and Ambien. Therefore, the request is not medically necessary.