

Case Number:	CM14-0217607		
Date Assigned:	01/07/2015	Date of Injury:	08/18/2009
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 8/18/09. She has reported right shoulder an arm pain. The diagnoses have included anxiety state, opioid dependence, psychophysiological disorder, posttraumatic stress disorder, depressive disorder, and complex regional pain syndrome, and brachial plexus disorder, lesion of radial nerve, fibromyositis and chronic pain syndrome. Treatment to date has included right cubital tunnel steroid injection, physical therapy, occupational therapy, home exercise program, bilateral carpal tunnel release, right radial nerve decompression and medications. (EMG) Electromyogram dated 7/29/14 revealed carpal tunnel syndrome. Currently, the IW complains of persistent right upper extremity pain and stated with medications she is able to use her right upper extremity for activities of daily living. The physician noted on 12/3/14 the medications continue to help manage her pain and allow her to function and progress through her therapies. On 12/17/14 Utilization Review modified prescriptions for Norco 10/325 mg # 60 to # 36, noting lack of evidence to allow for a treatment recommendation, modified to allow for weaning and Xanax 0.25 mg, # 90 to # 76 noting it is not recommended for long term use, modified to allow for tapering. The MTUS, ACOEM Guidelines, was cited. On 12/26/14, the injured worker submitted an application for IMR for review of Norco 10/325 mg and Xanax 0.25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,81,82,83,86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically should have ongoing assessment for pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if pain and functionality are improved and/or the injured worker has regained employment. In this instance, the injured worker has undergone substantial opioid weaning in the last several months. Pain relief is said to be 30% from the medication. Specific examples of functional improvement are provided. Urine drug screening and pharmacy database monitoring is occurring. Therefore, Norco 10/325mg #60 was medically necessary.

Xanax 0.25mg #90: 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 Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this instance, the injured worker has been utilizing Xanax for several months at least. She had been taking the medication 4 times a day but has been taking xanax 0.25 mg three times a day since 12-3-2014. She is already taking Prozac and Trazodone. Because of the duration of the xanax usage, Xanax 0.25mg #90 is no longer medically necessary and should be further weaned.