

Case Number:	CM15-0007297		
Date Assigned:	01/26/2015	Date of Injury:	07/31/2012
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 ankle, heel, and knee pain reportedly associated with an industrial injury of July 31, 2012. In a Utilization Review Report dated September 12, 2014, the claims administrator failed to approve request for an outpatient office visit, Norco, Xanax, and urinalysis. The claims administrator's rationale, in large part, relied on a previous independent medical review report. The claims administrator alluded to an office visit on December 1, 2014, in its determination. The claims administrator suggested that the applicant was off of work. The applicant's attorney subsequently appealed. In an RFA form dated January 2015, alprazolam and office visit were endorsed. In an associated progress note of January 9, 2015, the applicant reported ongoing complaints of ankle pain, 5/10. The applicant stated that his ability to perform activities of daily living was 35% of normal. The applicant did state that his medications were helpful. The applicant was asked to continue Norco and Xanax. It was stated that the applicant should also continue orthotics, home exercises, and self employment with self restriction of activities. In a progress note dated December 1, 2014, the applicant was apparently placed off of work, on total temporary disability. Norco, Xanax, urine drug testing, and an outpatient office visit were endorsed. 7/10 pain was reported. The applicant again stated he was having difficulty performing standing, walking, and climbing. The attending provider again stated that the applicant's ability to perform activities of daily living was reduced to 35% of normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office/Outpatient Visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: As noted in MTUS Guideline in ACOEM Chapter 5, page 79, frequent followup visits are “often warranted” even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant was/is apparently off of work. The applicant is using a variety of analgesic medications. Various pain complaints persist. Obtaining a followup visit with attending provider for work status management purposes and/or medications management purposes was, thus, indicated. Therefore, the request was medically necessary.

Norco 10/325mg #60 15 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 the work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was apparently off of work, at least as of December 1, 2014, office visit on which Norco was renewed. The attending provider's reporting of the applicant's work status was, thus, incongruous, although the bulk of the documentation on file suggested that the applicant was not, in fact, working. While the attending provider did identify some reduction in pain scores achieved as result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any material, meaningful, or significant improvements in function effected as a result of ongoing Norco usage. The applicant's continued complaints of difficulty with standing, walking, and climbing, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Xanax 1mg #60 60-day Supply: Upheld

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

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

Decision rationale: Similarly, the request for Xanax 1 mg #60, a 60-day supply, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that usage of anxiolytic such as Xanax may be appropriate for "brief periods," in this case, however, the applicant appears to be employing Xanax on a chronic, long term, and/or daily use purposes, seemingly for anxiolytic effects. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization, also notes that an attending provider should attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing, notes that an attending provider should clearly state when the applicant was last tested, and also notes that an attending provider should attempt to characterize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to eschew confirmatory testing or signal his intention to conform to the best practices of the United States Department of Transportation when performing drug testing. It was not clearly stated what drug tests and/or drug panels were being tested for. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.