

Case Number:	CM15-0103940		
Date Assigned:	06/08/2015	Date of Injury:	04/20/2009
Decision Date:	07/08/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 injured worker is a 52-year-old male, who sustained an industrial injury on 04/20/2009. He reported an injury to his right shoulder. Treatment to date has included medications, chiropractic care, physical therapy, x-rays, MRI, and surgery. According to a progress report dated 04/22/2015, the injured worker was without any medication for 18 days due to paperwork and approvals. Pain level had been 10 on a scale of 1-10. Activity was limited. Current pain level was 6. Medication regimen included Exalgo, Norco, Alprazolam and Mirtazapine. Exalgo brought pain down to a 5. Norco reduced pain to a 7. He used the Norco when showering or dressing since using the right arm to pants or socks on was extremely painful. His sleeping had suffered with the increased pain and stress/depression. The Alprazolam and Mirtazapine helped to manage the anxiety and depression. He continued to have right arm pain secondary to reflex sympathetic dystrophy. Ketamine infusions were requested multiple times with no response. The medication made a difference to everyday life. Diagnoses included osteoarthritis localized primary involving shoulder region, cervicgia, reflex sympathetic dystrophy unspecified and bursitis of shoulder. The treatment plan included renewal of medications, determination of the status of Ketamine infusions, discussion of psychiatric providers and a follow up in one month. Currently under review is the request for Norco, Alprazolam and Ketamine infusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg, #60 is not medically necessary.

Alprazolam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress: Benzodiazepines (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24.

Decision rationale: Alprazolam is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. Alprazolam 1mg #30 is not medically necessary.

Ketamine infusions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Ketamine (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 56.

Decision rationale: The MTUS states that ketamine is not recommended and that there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain. Ketamine infusions are not medically necessary.