

Case Number:	CM15-0104839		
Date Assigned:	06/09/2015	Date of Injury:	06/01/1998
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female, who sustained an industrial injury on 06/01/1998. She has reported injury to the neck, shoulders, arms, hands/wrists, right knee/leg, and back. The diagnoses have included pain in limb; post-laminectomy syndrome of lumbar region; sprain of shoulder rotator cuff; carpal tunnel syndrome; chronic pain syndrome; and abnormality of gait. Treatment to date has included medications, diagnostics, bracing, injections, TENS (transcutaneous electrical nerve stimulation) unit, home exercise program, acupuncture, aquatic therapy, chiropractic therapy, physical therapy, and surgical interventions. Medications have included Ibuprofen, Lidoderm patch, OxyContin, Norco, Xanax. A progress note from the treating physician, dated 05/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased pain in the right shoulder and bilateral hands; pain in the back, right knee, shoulder, and wrist; hand pain has improved although not normal; with medications, pain goes from a 9/10 on the visual analog scale, to a 6; with just Norco, pain is rated 7-8; and the combination of Norco and Oxycontin allows her to function and care for herself. Objective findings included pain over right shoulder supraspinatus, with crepitation; positive Tinel's sign for the left greater than right median nerves; fibrosis of a tendon at the distal base of the right thumb with pain; has a hard time making a fist on either side; right knee almost full range of motion, except extension; pain in the lumbar spine, L5, S1 areas; straight leg raise test positive on the right and the left; and positive lumbar spasms. The treatment plan has included the request for orthopedic shoes (pairs); Norco 10/325 mg #240; and Xanax 0.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic shoes (pairs): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle, Othotics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-shoe insoles/shoe lift.

Decision rationale: Orthopedic shoes (pairs) are not medically necessary per the MTUS and the ODG. The ACOEM MTUS recommends specific shoes for hallux valgus, plantar fasciitis, and neuroma insoles or customized shoes are not recommended as a treatment for back pain. The ODG states that insoles or customized shoes are not recommended as a treatment for back pain. The documentation indicates that the patient has had prior a prior ankle injury but she has been using orthopedic shoes for low back pain. The guidelines do not offer support of specific shoes as a treatment for low back pain. The request for orthopedic shoes is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophem Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Norco 10/325mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the patient is using over 120mg oral morphine equivalents daily total. The documentation indicates that the patient has been on long term opioids without evidence of significant increase in function. The request for continued Norco is not medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: Xanax 0.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax already and the documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication beyond the MTUS recommended 4 week time period. The request for Xanax is not medically necessary.