

Case Number:	CM15-0136428		
Date Assigned:	07/24/2015	Date of Injury:	04/01/2002
Decision Date:	08/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, California
 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 April 01, 2002. The injured worker was diagnosed as having pain to the bilateral upper extremities secondary to work related repetition, bilateral de Quervain's tenosynovitis, bilateral carpal tunnel syndrome per electromyogram and nerve conduction velocity findings, bilateral forearm tendinitis and neuritis, status post left trigger thumb release, and pain related anxiety with depression. Treatment and diagnostic studies to date has included use of a right wrist brace, use of a tennis elbow strap, psychiatric treatment, electromyogram with nerve conduction velocity, above noted procedure, and medication regimen. In a progress note dated May 20, 2015 the treating physician reports complaints of an increase in pain to the right elbow along with complaints of depression and increased anxiety. Examination reveals tenderness to the right lateral epicondyle. The injured worker's medication regimen included Norco, Xanax, and Soma. The injured worker's pain level was rated a 7 out of 10 on a scale of 0 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician noted that the injured worker was able to perform activities of daily living with the use of her medication regimen. The treating physician requested Xanax 0.5mg with a quantity 30 and Norco 10/325mg with a quantity 90 noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg quantity 30: 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: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant had been on Xanax intermittently for over 6 months (as noted on a urine screen in 12/2014) along with Soma. Continued and chronic use of Xanax is not medically necessary.

Norco 10/325mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.