

Case Number:	CM15-0161868		
Date Assigned:	08/27/2015	Date of Injury:	08/18/2009
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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, New York, 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] beneficiary who has filed a claim for complex regional pain syndrome (CRPS) with derivative complaints of anxiety, depression, and posttraumatic stress disorder (PTSD) reportedly associated with an industrial injury of August 18, 2009. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve requests for Norco and Xanax. The claims administrator referenced a June 2, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said June 2, 2015 progress note, the applicant reported ongoing complaints of upper extremity pain reportedly imputed to complex regional pain syndrome (CRPS). The applicant also reported derivative issues with fibromyalgia, brachial plexopathy, depression, posttraumatic stress disorder, and complex regional pain syndrome, it was reported. The applicant's medications included Colace, Lidoderm, Neurontin, Norco, tizanidine, Desyrel, Xanax, insulin, metformin, Prozac, and Neurontin. The applicant was receiving medications from several providers, it was acknowledged. The applicant was off-of work and had been deemed "disabled," it was acknowledged in the Social History section of the note. Multiple medications were refilled, seemingly with little-to-no discussion of medication efficacy. The applicant was kept off-of work toward the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 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 work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off-of work, it was reported on the June 2, 2015 progress note at issue. The applicant was deemed "disabled," it was reported on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Norco 10/325mg (DNF 8/26/2015) QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 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 work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off-of work, it was reported on the June 2, 2015 progress note at issue. The applicant was deemed "disabled," it was reported on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Xanax 0.25mg, with 1 refill QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Alprazolam.

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

Decision rationale: The request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for long-term use purposes, with most guideline limiting usage of the same to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, the request was framed as a renewal or extension request for Xanax, seemingly being employed on a thrice-daily basis. Continued usage of the same was, thus, at odds with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.