MAXIMUS Federal Services

Case Number:	CM15-0190619		
Date Assigned:	10/02/2015	Date of Injury:	12/05/1991
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation

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 65 year old female with a date of injury on 12-05-1991. The injured worker is undergoing treatment for shoulder-arm sprain-strain and depression. A physician note dated 04-17-2015 documents the injured worker is having severe pain and swelling in her right arm. She is unable to get her medications. Her mood is depressed and sleep is affected. Her right hand and arm are tender to palpation and is positive for allodynia. A physician progress note dated 08-14-2015 documents the injured worker's pain is very limiting in her right arm, and feels despondent as if no relief is possible. Bupropion helps her maintain focus and helps with sleep and mood to feel positive and lowers her pain. Her right arm is tender and positive for allodynia. It is tender to palpation with extension. Right 5th finger flexion is unable to extend. She has permanent muscle tenderness. She has dysfunction positive neuropathic pain and positive nociceptive pain. Several documents within the submitted medical records are difficult to decipher. The Request for Authorization dated 08-14-2015 is for evaluation management, Bupropion SR 200mg #60, Xanax 0.5mg #60, Motrin 600mg #60, and Tramadol 50mg #60. On 09-04-2015 Utilization Review non-certified the request for Motrin 600mg #60. One evaluation management is non-certified. Xanax 0.5mg #60 has been modified to Xanax 0.5mg #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

One evaluation management: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CPT Procedure Code Index 99214.

Decision rationale: The patient presents with right hand and arm pain. The request is for one evaluation management. The request for authorization is dated 08/14/15. Patient's diagnoses include shoulder/arm sprain/strain and depression. Physical examination reveals right hand tender to palpation. Surgical scars atrophy. Tendon impingement right fifth finger flexed. Patient's medication includes Bupropion, Xanax, Tramadol, and Motrin. Per progress report dated 09/08/15, the patient to remain off-work. ODG-TWC, CPT Procedure Code Index 99214 states: "99214 Doctor's visit for the evaluation of an established patient for a detailed history, examination, and a medical decision of moderate complexity. Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family." In this case, the treater is requesting Evaluation and Management CPT 99214, which requires at least two components of a detailed history, a detailed examination and medical decision making of moderate complexity. CPT 99214 is indicated for an "office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history, a detailed examination and medical decision making of moderate complexity." Per progress report dated 08/14/15, the patient continues with right hand pain, arm pain, and anxiety. However, review of medical records does not indicate a detailed history nor examination was provided to warrant a 99214 Evaluation and Management level 4. Therefore, the request IS NOT medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax.

Decision rationale: The patient presents with right hand and arm pain. The request is for Xanax 0.5MG #60. The request for authorization is dated 08/14/15. Patient's diagnoses include shoulder/arm sprain/strain and depression. Physical examination reveals right hand tender to

palpation. Surgical scars atrophy. Tendon impingement right fifth finger flexed. Patient's medication includes Bupropion, Xanax, Tramadol, and Motrin. Per progress report dated 09/08/15, the patient to remain off-work. MTUS, Benzodiazepines Section, page 24 states, "Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Per progress report dated 09/08/15, treater's reason for the request is "Patient will continue to have anxiety crisis requiring emergency hospital services without medication." MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. The treater does not discuss this medication will be used for short-term and no more than 4 weeks. Additionally, the request for additional Xanax #60 would exceed guidelines recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Motrin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with right hand and arm pain. The request is for Motrin 600MG #60. The request for authorization is dated 08/14/15. Patient's diagnoses include shoulder/arm sprain/strain and depression. Physical examination reveals right hand tender to palpation. Surgical scars atrophy. Tendon impingement right fifth finger flexed. Patient's medication includes Bupropion, Xanax, Tramadol, and Motrin. Per progress report dated 09/08/15, the patient to remain off-work. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 09/08/15, treater's reason for the request is "to control her physical and emotional pain post work injury." The patient presents with hand and arm pain, however, there is no documentation or discussion of decrease in pain or increase in function with the use of Motrin. Guidelines do not warrant long-term use of anti-inflammatory medications without discussion of medication efficacy. Therefore, given lack of documentation as required by MTUS, the request IS NOT medically necessary.