

Case Number:	CM15-0208822		
Date Assigned:	10/27/2015	Date of Injury:	10/05/2003
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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 chronic neck pain reportedly associated with an industrial injury of October 5, 2003. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve requests for Norco, Xanax, and Valium. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 9, 2015 office visit, the applicant reported ongoing complaints of neck pain radiating into the right arm with associated paresthesias, instability, clumsiness, stabbing pain, and generalized discomfort. The applicant was given diagnoses of trigger finger, shoulder rotator cuff syndrome, complex regional pain syndrome, cervical radiculopathy, thoracic spine pain, lumbar radiculopathy status post earlier lumbar spine surgery, and chronic pain syndrome with insomnia. Norco, OxyContin, Xanax, Soma, Ambien, Ultracet, and Prilosec were renewed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: 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): Opioids for chronic pain.

Decision rationale: No, 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, the applicant was off of work, on total temporary disability, the treating provider reported on the September 9, 2015 office visit at issue. The applicant was described as having issues with instability, clumsiness, generalized discomfort, and stabbing pain, the treating provider reported. The treating 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 is not medically necessary.

1 prescription of Xanax 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the 90-tablet renewal request for Xanax implied chronic, long-term, and/or thrice daily usage, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

1 prescription of Valium 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for Valium, a second benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the 60-tablet, renewal request for Valium represented chronic, long-term, and/or twice daily usage of

the same, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate benzodiazepine anxiolytics, Xanax and Valium. Therefore, the request is not medically necessary.