MAXIMUS Federal Services

Case Number:	CM15-0210873		
Date Assigned:	10/29/2015	Date of Injury:	12/12/2012
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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 34-year-old who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of December 12, 2012. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for Xanax and Butrans patches. The claims administrator did, however, seemingly approve a request for Percocet. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported ongoing issues with low back pain radiating to the bilateral lower extremities, 8/10 at its worst versus 2/10 at its best. The attending provider contended that the applicant was exercising in water unspecified amounts with ongoing medication consumption. This was not, however, elaborated upon. The applicant was using a cane to move about, the treating provider reported in another section of the note. The attending provider contended that the applicant would be bedridden and would not be able to walk, sit, and/or sleep without his medications. The attending provider contended that the applicant would be unable to shower, groom himself, or perform chores without his medications. Xanax, Percocet, and Butrans were ultimately renewed. The applicant's work status was not, however, clearly reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated on his September 17, 2015 office visit that the applicant was using Xanax for anxiolytic effect. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be employed for brief periods, in cases of overwhelming symptoms, here, however, the 60-tablet, 3-refill supply of Xanax at issue represented chronic, long-term, and/or twice-daily usage of the same, i.e., usage which ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Butrans 10mcg/hr patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Similarly, the request for Butrans patches was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine or Butrans is recommended in the treatment of opioid reduction and is also recommended as an option for chronic pain purposes in applicants who have previously detoxified off of opioids who do have a history of opioid addiction, here, however, there was no mention of the applicant's intent to employ buprenorphine or Butrans for opioid addiction, opioid dependence or opioid weaning purposes. The fact that the applicant was concurrently using Percocet, a short-acting opioid agonist, along with buprenorphine (Butrans) strongly suggested that the applicant was not, in fact, using buprenorphine for the opioid addiction, opioid dependence, and/or opioid detoxification purposes for which it is espoused, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.