MAXIMUS Federal Services

Case Number:	CM15-0039400		
Date Assigned:	03/09/2015	Date of Injury:	08/14/2000
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 18, 2000. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for Norco, Soma, and Xanax. Menthoderm cream, however, was approved. The claims administrator referenced a progress note dated January 28, 2015 in its determination. In August 14, 2014 progress note, the applicant reported ongoing complaints of neck pain, mid back pain, bilateral shoulder pain, headaches, upper extremity paresthesias, anxiety, and sleep disturbance. Nucynta, Norco, Soma, Xanax, Restoril were refilled. Permanent work restrictions were renewed. The applicant did not appear to working with said permanent limitations in place. 10/10 pain complaints were reported. On October 28, 2014, the applicant reported 8/10 neck, upper back, and bilateral upper extremity pain. Multiple medications and permanent work restrictions, once again, were renewed. On November 25, 2014, the applicant was asked to continue Norco, Soma, Xanax, and Restoril. It was stated that the applicant was using Xanax and Restoril for anxiety and insomnia. Permanent work restrictions were renewed. The applicant reported multifocal pain complaints secondary to cumulative trauma at work. The applicant reported 8/10 pain without medications versus 3-4/10 pain with medications. The attending provider stated that the applicant's medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

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, however, the applicant was seemingly off work following imposition of permanent work restrictions. The applicant did not appear to have worked in several years. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider has failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Spasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29; 65.

Decision rationale: Similarly, the request for carisoprodol (Soma) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not indicated for chronic or long-term use purposes. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautioned against usage of carisoprodol or Soma in conjunction with opioid agents. Here, the applicant was, in fact, using carisoprodol in conjunction with Norco, an opioid agent. The request in question did represent a renewal or extension request for carisoprodol. Such usage, however, runs counter to the limited, two- to three-week role for carisoprodol set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Xanaz 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods," in this case, however, the request for Xanax represented an extension or renewal request for the same. The applicant had been using Xanax for what appeared to have been a minimal of several months. Such usage, however, runs counter to the short-term role for which benzodiazepine anxiolytics are typically recommended, per ACOEM Chapter 15, page 402. The attending provider did not, furthermore, furnish a clear or compelling applicant-specific rationale for concurrent usage of two separate benzodiazepine anxiolytics, Xanax and Restoril. Therefore, the request was not medically necessary.