

Case Number:	CM15-0047566		
Date Assigned:	03/19/2015	Date of Injury:	11/02/2009
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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 48-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 2, 2009. In a Utilization Review Report dated March 2, 2015, the claims administrator failed to approve requests for Percocet, Norco, Xanax, and MiraLax. An RFA form received on February 24, 2015 was referenced in the determination, along with a variety of MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a progress note dated February 20, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed cervical fusion surgery. The applicant stated that she was having difficulty driving owing to ongoing upper extremity paresthesias. The applicant's medications included Percocet, Pamelor, Xanax, Cymbalta, Topamax, MiraLax, Zofran, and estrogen; it was stated in one section of the note. In another section of the note, the applicant was apparently given Percocet (Endocet) as a new prescription, it was stated, for severe neck and arm pain. The applicant was also reportedly asked to employ Pamelor (nortriptyline) on a first-time basis; it was stated in another section of the note. In work status report dated January 30, 2015, the applicant was described as disabled. In a progress note dated January 30, 2015, the attending provider again suggested that the applicant employ Pamelor for neuropathic pain. The applicant reported highly variable 2-10/10 neck pain radiating into the left arm. The attending provider stated that Norco was benefiting. The applicant's medications reportedly included Norco, Climara, Xanax, Tenormin, Percocet, and aspirin; it was stated in the medication section of the report. CT imaging of the cervical spine, a shoulder surgery consultation, and cognitive behavioral therapy were proposed while the applicant was seemingly kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10 Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

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

Decision rationale: No, the request for Endocet (Percocet), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. The request in question, based on documentation provided, appear to represent a renewal or extension request for Endocet (Percocet), a short-acting opioid. The applicant was seemingly using Percocet as of office visits of January 16, 2015 and January 30, 2015, i.e., prior to the February 20, 2015 office visits at issue. 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 off work. The applicant was receiving both disability benefits and Workers Compensation indemnity benefits, the treating provider acknowledged on January 30, 2015. The treating provider likewise failed to outline any meaningful or material improvements in function affected because of ongoing Percocet usage (if any). The applicant's reports that she was having difficulty gripping, grasping, lifting, and driving owing to ongoing pain complaints did not make a compelling case for continuation of Percocet. Therefore, the request was not medically necessary.

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on pages 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not, however, furnish a clear or compelling applicant-specific rationale for concurrent usage of two separate short-acting opioids, Norco and Percocet (Endocet). Therefore, the request was not medically necessary.

Xanax 0.5 mg Qty 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: 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 this case, however, it appeared that the attending provider and/or applicant were intent on employing Xanax for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

Miralax 17 g Qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Finally, the request for MiraLax, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. Here, the applicant was using several opioid agents. Prophylactic provision of laxative agents such as MiraLax was, thus, indicated to combat any issues with constipation, which may have arisen in conjunction with the same. Therefore, the request was medically necessary.