

Case Number:	CM15-0080144		
Date Assigned:	05/01/2015	Date of Injury:	08/30/2010
Decision Date:	06/05/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old female, who sustained an industrial injury on August 30, 2010. She reported neck pain, low back pain and shoulder pain, abdominal cramping, gastrointestinal disruptions, sleep disruptions, depression and heart palpitations. The injured worker was diagnosed as having atrial fibrillation, gastroesophageal reflux disease, depression and diarrhea. Treatment to date has included diagnostic studies, psychotherapy, medications and work restrictions. Currently, the injured worker complains of continued neck pain, low back pain and shoulder pain, abdominal cramping, gastrointestinal disruptions, sleep disruptions, depression and heart palpitations. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated with psychotherapy without complete resolution of the symptoms. She noted psychotherapy did not help her depression. Evaluation on September 29, 2014, revealed continued symptoms as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eliquis 2.5 mg #60 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 47 year old female has complained of neck pain, shoulder pain, low back pain and palpitations since date of injury 8/30/10. She has been treated with physical therapy and medications. The current request is for Eliquis. Eliquis is a medication indicated for the treatment of venous thromboembolism. There is no specific diagnosis included in the available medical records for which this requested medication is appropriate in treating the industrial injury. On the basis of the available medical records and per the guidelines cited above, Eliquis is not medically necessary.

Clonidine 0.1 mg #50 refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 47 year old female has complained of neck pain, shoulder pain, low back pain and palpitations since date of injury 8/30/10. She has been treated with physical therapy and medications. The current request is for Clonidine. Clonidine is a medication indicated for the treatment of hypertension. There is no specific diagnosis included in the available medical records for which this requested medication is appropriate in treating the industrial injury. On the basis of the available medical records and per the guidelines cited above, Clonidine is not medically necessary.

Xanax 0.25 mg #90 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), diabetes.

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

Decision rationale: This 47 year old female has complained of neck pain, shoulder pain, low back pain and palpitations since date of injury 8/30/10. She has been treated with physical therapy and medications to include benzodiazepines for at least 4 weeks duration. The current request is for xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not medically necessary in this patient.