

Case Number:	CM14-0165640		
Date Assigned:	10/10/2014	Date of Injury:	08/28/2003
Decision Date:	11/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old male who was injured on 08/28/2003 when he slipped and fell at work sustaining an injury to his right ankle. He had right ankle surgery on 07/22/2014. Right ankle arthroscopy in 09/12/011. Prior treatment history has included Alprazolam 1.0 mg, Duexis 800 mg, Xanax, and Norco. Progress report dated 08/21/2014 documented the patient to have complaints of low back pain rated as an 8/10; right ankle pain rated as a 8/10 with associated numbness in the outer part of the ankle; and foot pain rated as 8/10. On exam, he ambulated with an antalgic gait favoring the right. The lumbar spine revealed positive Patrick-Fabere bilaterally. He had positive Kemp's, Neri's Bowing, and Bechterew's test. Facet sign and sciatica are positive on the left. Straight leg raise is positive at 45 degrees on the left. Range of motion was decreased bilaterally. Ankle and feet revealed tenderness. The patient was diagnosed with lumbar spine sprain/strain; left hip compensatory pain rule out internal derangement and status post subtalar fusion right foot and bone graft 08/20/2012. There were no updated progress reports submitted for review. Prior utilization review dated 09/22/2014 states the request for Duexis 800mg QTY: 500.00 is denied as medical necessity has not been established; Norco 10/325mg QTY: 600.00 is modified to certify Norco 10/325 mg #120; and Xanax 1.0mg QTY: 600.00 is modified to certify Xanax 1.0 mg twice a day #60 to allow for weaning as there has been no documented improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg QTY:500.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis

Decision rationale: Regarding Duexis; CA MTUS 2009 ACOEM is silent on this issue, but ODG Guidelines do not recommended this medication as a first-line drug. There is no documentation of failed first line medication therapy. Based on the currently available Information, the medical necessity for the medication has not been established. The request is not medically necessary.

Norco 10/325mg QTY:600.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-96.

Decision rationale: Regarding the decision for NORCO 10/325 mg; The CAMTUS 2009 Chronic Pain Treatment Guidelines recommend continued use of this opiate for the treatment of moderate to severe pain, with documented functional benefit. The guidelines recommended dally opiate load is 120 MED. The patient opiate load Is 40 MED. There is documented improvement in pain with the use of this medication. However, there is no explicit documentation of functional improvement, such as increased activities of daily living. Based on the currently available information, the medical necessity for the continued use of this narcotic has not been established. The request is not medically necessary.

Xanax 1.0mg QTY: 600.00: Upheld

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

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

Decision rationale: Regarding Xanax, CA MTUS 2009 Chronic Pain treatment Guidelines do not recommend this medication fur long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines note that a more appropriate treatment for anxiety disorder, if applicable, is an antidepressant. There is no documentation that the patient has depression and/or anxiety. Furthermore, there is no documentation contraindicating the use of an antidepressant if the patient does have depression and/or anxiety. Based on the currently available information, the medical necessity for this medication has not been established. The request is not medically necessary.

