

Case Number:	CM14-0178047		
Date Assigned:	10/31/2014	Date of Injury:	10/02/2004
Decision Date:	12/24/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 48 year old female who sustained an industrial injury on 09/27/03, 03/01/03, 10/02/04 and 12/04/01. Prior treatment included Chiropractic treatment, home exercises, bilateral C5-6 transforaminal epidural steroid injection, shoulder surgeries, knee arthroscopic surgeries and medications. The clinical note from 09/19/14 was reviewed. Subjective complaints included cervical pain, radicular pain in left arm and stiffness. Pain was a 7/10 in intensity. She also had bilateral shoulder pain that was 6-7/10. She also had bilateral knee pain and bilateral hand pain that was 6-7/10. Her medications included Butrans patch, Alprazolam 0.5mg BID, Norco 10/325mg every 4 hours, Restorin 30mg, Wellbutrin SR 150mg and Zoloft 50mg. She had anxiety and depression. Pertinent positive findings on examination included decreased sensation in right C6 and C7 dermatomes, tenderness over C2-C5 facet capsules, positive Spurling's maneuver and limited range of motion of cervical spine. She had variable amount of lesions consistent with staph infection. Her diagnoses were right shoulder pain status post-surgical procedure November 2003, cervical spine, left shoulder surgery May 2, 2006, bilateral carpal tunnel syndrome with carpal tunnel release May 2008, right triangular fibrocartilage debridement May 2008, right knee arthroscopy, left knee arthroscopy, MRSA colonization and right shoulder instability. The UDS from 08/20/14 was consistent with Hydrocodone usage and alprazolam usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #60 with 3 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Benzodiazepines

Decision rationale: The employee was a 48 year old female who sustained an industrial injury on 09/27/03, 03/01/03, 10/02/04 and 12/04/01. Prior treatment included Chiropractic treatment, home exercises, bilateral C5-6 transforaminal epidural steroid injection, shoulder surgeries, knee arthroscopic surgeries and medications. The clinical note from 09/19/14 was reviewed. Subjective complaints included cervical pain, radicular pain in left arm and stiffness. Pain was a 7/10 in intensity. She also had bilateral shoulder pain that was 6-7/10. She also had bilateral knee pain and bilateral hand pain that was 6-7/10. Her medications included Butrans patch, Alprazolam 0.5mg BID, Norco 10/325mg every 4 hours, Restorin 30mg, Wellbutrin SR 150mg and Zoloft 50mg. She had anxiety and depression. Pertinent positive findings on examination included decreased sensation in right C6 and C7 dermatomes, tenderness over C2-C5 facet capsules, positive Spurling's maneuver and limited range of motion of cervical spine. She had variable amount of lesions consistent with staph infection. Her diagnoses were right shoulder pain status post-surgical procedure November 2003, cervical spine, left shoulder surgery May 2, 2006, bilateral carpal tunnel syndrome with carpal tunnel release May 2008, right triangular fibrocartilage debridement May 2008, right knee arthroscopy, left knee arthroscopy, MRSA colonization and right shoulder instability. The UDS from 08/20/14 was consistent with Hydrocodone usage and alprazolam usage. According to MTUS, Chronic Pain Guidelines and Official disability guidelines, benzodiazepines are not recommended on a long term basis for either chronic pain or for anxiety disorders due to side effects and potential for dependence. The employee had been on Alprazolam for years and hence the continued use is not medically necessary or appropriate.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management, When to continue Opioids Page(s): 78, 80.

Decision rationale: The employee was a 48 year old female who sustained an industrial injury on 09/27/03, 03/01/03, 10/02/04 and 12/04/01. Prior treatment included Chiropractic treatment, home exercises, bilateral C5-6 transforaminal epidural steroid injection, shoulder surgeries, knee arthroscopic surgeries and medications. The clinical note from 09/19/14 was reviewed. Subjective complaints included cervical pain, radicular pain in left arm and stiffness. Pain was a 7/10 in intensity. She also had bilateral shoulder pain that was 6-7/10. She also had bilateral knee pain and bilateral hand pain that was 6-7/10. Her medications included Butrans patch, Alprazolam 0.5mg BID, Norco 10/325mg every 4 hours, Restorin 30mg, Wellbutrin SR 150mg

and Zoloft 50mg. She had anxiety and depression. Pertinent positive findings on examination included decreased sensation in right C6 and C7 dermatomes, tenderness over C2-C5 facet capsules, positive Spurling's maneuver and limited range of motion of cervical spine. She had variable amount of lesions consistent with staph infection. Her diagnoses were right shoulder pain status post-surgical procedure November 2003, cervical spine, left shoulder surgery May 2, 2006, bilateral carpal tunnel syndrome with carpal tunnel release May 2008, right triangular fibrocartilage debridement May 2008, right knee arthroscopy, left knee arthroscopy, MRSA colonization and right shoulder instability. The UDS from 08/20/14 was consistent with Hydrocodone usage and alprazolam usage. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for cervical and shoulder pain with Norco. There was no documentation of how the medication improved the pain level or functional status. The guidelines further recommend continuing opioids if the employee has returned to work and if there is evidence of improvement of pain and functional status. The employee had not returned to work and it was not clear from the documentation how the medication was improving her status. Given the lack of clear documentation on functional improvement and improvement of pain, the criteria for continued use of Norco 10/325mg #180 is not medically necessary.