MAXIMUS Federal Services

Case Number:	CM15-0115012		
Date Assigned:	06/23/2015	Date of Injury:	11/19/2008
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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 71-year-old who has filed a claim for chronic neck pain with derivative complaints of posttraumatic headaches, posttraumatic stress disorder, generalized anxiety disorder (GAD), and gastroesophageal reflux disease (GERD), reportedly associated with an industrial injury of November 19, 2008. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve a request for Alprazolam (Xanax) and Norco. The claims administrator referenced an RFA form received on May 11, 2015 and an associated progress note of April 2, 2015 in its determination. The applicant's attorney subsequently appealed. On June 19, 2015, the applicant reported ongoing complaints of headaches, neck pain, depression, and anxiety reportedly imputed to an industrial assault injury on November 19, 2008. Ancillary complaints of vertigo were reported. 4-5/10 pain complaints were noted. The applicant had received multiple cervical radiofrequency ablation procedures, it was reported. The applicant's functionality and sleep patterns were described as "worse." It was stated that the applicant was "not employed" in the social history section of the note. Repeat radiofrequency lesioning procedure was endorsed. Lyrica was renewed. The applicant was given various diagnoses, including chronic pain syndrome and adjustment disorder with mixed anxiety and depressive symptoms. It was suggested toward the top of the report that the applicant was using Aprazolam three times a day and Klonopin three times a day. The applicant was also on Colace, Nexium, Celexa, Desyrel, MiraLax, oxybutynin, Lyrica, and Norco, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Alprazolam 0.5mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Alprazolam, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Alprazolam may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 60- tablet, three-refill supply of Alprazolam implied chronic, long-term, and twice-daily usage, seemingly for anxiolytic and/or sedative effect purposes. This is not, however, an ACOEM- endorsed role for the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy. Here, however, the attending provider did not clearly state or clearly articulate why the applicant was using two separate benzodiazepine anxiolytics, Clonazepam and Alprazolam, on a twice to thrice daily basis apiece. Therefore, the request was not medically necessary.

Norco 10/325mg #30: Upheld

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

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

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise 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 no longer working and was not employed; it was reported on June 19, 2015. On that date, the attending provider failed to outline either quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider did state on June 19, 2015 that the applicant's functionality and sleep patterns, moreover, were "worse." It did not appear that the applicant had profited from ongoing Norco usage. Therefore, the request was not medically necessary.