

Case Number:	CM15-0127686		
Date Assigned:	07/14/2015	Date of Injury:	08/29/1999
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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 47-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 29, 1999. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for alprazolam (Xanax), Norco (hydrocodone-acetaminophen), and Soma. The claims administrator referenced an RFA form received on June 12, 2015 and an associated progress note of June 4, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 12, 2015, the attending provider sought retrospective authorization for trigger point injections performed on June 4, 2015. On said June 4, 2015 progress note, the applicant presented with ongoing complaints of low back pain radiating into the legs. The note was sparse, handwritten, and thinly developed. In a separate RFA form dated June 4, 2015, Xanax, Soma, and Norco were endorsed. In an associated typewritten progress note dated June 4, 2015, the applicant reported ongoing complaints of back pain radiating into the legs. The applicant was using Norco and Soma for pain relief, it was reported. The attending provider stated that the applicant's average pain was 6/10, ameliorated as a result of ongoing medication consumption. The applicant was also using Soma for pain relief, it was reported. In the medications section of the note, it was stated that the applicant was using Xanax, Soma, and Norco. The applicant's review of systems was positive for insomnia and difficulty sleeping. Multiple medications were renewed. Trigger point injection therapy was performed. Drug testing was endorsed. The applicant's work status was not explicitly detailed. The attending provider stated that the applicant's pain had adversely impacted his ability to enjoy life, perform normal work, interact with others, sleep, walk, and drive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg, #30: 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), Pain (Chronic): Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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 (Xanax) may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the attending provider suggested that the applicant was intent on alprazolam or Xanax for nightly use purposes, for sedative effect. This is not, however, an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

Hydrocodone 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; Opioids, criteria for use.

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

Decision rationale: Similarly, the request for hydrocodone-acetaminophen (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's work status was not clearly reported on the June 4, 2015 progress note at issue. The attending provider did state, however, the applicant's ability to work, maintain relations with others, walk, drive, sleep, enjoy life, etc., and all have been adversely impacted as a result of chronic pain concerns. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, thus, the applicant's concomitant usage of Soma on a chronic basis, thus, ran counter to the philosophy espoused on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.