

Case Number:	CM15-0128084		
Date Assigned:	07/14/2015	Date of Injury:	08/18/2009
Decision Date:	08/14/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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, California

Certification(s)/Specialty: Family Practice

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 55-year-old female, who sustained an industrial injury on 8/18/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having complex regional pain syndrome and radial nerve lesion. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/2/2015, the injured worker presented for medical reevaluation regarding her complex chronic pain syndrome. Physical examination showed the injured worker was ambulatory with a 4 point walker and had a depressed mood. The treating physician is requesting Norco 10/325 mg #60, Norco 10/325 mg #60 and Xanax 0.25 mg #180. The patient has had EMG of the upper extremity that revealed CTS and cubital tunnel syndrome. Patient had received left index finger steroid injection. The patient's surgical history includes CTR and cervical fusion. The medication list includes Norco, Metformin, Neurontin, Prozac, Tizanidine, Trazodone and Xanax. Per the note dated 6/2/15, the patient had complaints of pain, headache and sleep disorder. Physical examination revealed she was ambulating with walker, and had depressed mood. The patient has had history of anxiety, posttraumatic stress disorder and depression. The patient has had a urine drug screen on 5/4/14 and on 12/3/14 that was positive for Norco and Xanax and it was consistent. A recent detailed psychological evaluation note of the psychiatrist was not specified in the records provided. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Opioids for neuropathic pain; Weaning of Medications Page(s): 80, 81, 82, 83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Criteria for use of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Request Norco 10/325mg, QTY: 60 Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The injured worker was diagnosed as having complex regional pain syndrome and radial nerve lesion. Treatment to date has included therapy and medication management. In a progress note dated 6/2/2015, the injured worker presented for medical reevaluation regarding her complex chronic pain syndrome. Physical examination showed the injured worker was ambulatory with a 4 point walker and had a depressed mood. The patient has had EMG of the upper extremity that revealed CTS and cubital tunnel syndrome. Patient had received left index finger steroid injection. The patient's surgical history includes CTR and cervical fusion. Per the note dated 6/2/15, the patient had complaints of pain, headache and sleep disorder. Physical examination revealed she was ambulating with a walker, and had depressed mood. The pt has been prescribed a low potency opioid in a small quantity (Norco 10/325mg, QTY: 60). Non-opioid measures for pain control (gabapentin) are being tried as well. There is no evidence of aberrant drug behavior. The urine drug screens were consistent with the medications prescribed. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/prn basis, given the records provided and the guidelines cited. The medication Norco 10/325mg, QTY: 60 is medically necessary and appropriate in this patient.

Norco 10/325mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Opioids for neuropathic pain; Weaning of Medications Page(s): 80, 81, 82, 83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Criteria for use of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg, QTY: 60 Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The injured worker was diagnosed as having complex regional pain syndrome and radial nerve lesion. Treatment to date has included therapy and medication management. In a progress note dated 6/2/2015, the injured worker presented for medical reevaluation regarding her complex chronic pain syndrome. Physical examination showed the injured worker was ambulatory with a 4 point walker and had a depressed mood. The patient has had EMG of the upper extremity that revealed CTS and cubital tunnel syndrome. Patient had received left index finger steroid injection. The patient's surgical history includes CTR and cervical fusion. Per the note dated 6/2/15, the patient had complaints of pain, headache and sleep disorder. Physical examination revealed she was ambulating with walker, and had depressed mood. The pt has been prescribed a low dose opioid in a small quantity (Norco 10/325mg, QTY: 60). Non-opioid measures for pain control (gabapentin) are being tried as well. There is no evidence of aberrant drug behavior. The urine drug screens were consistent with the medications prescribed. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325mg, QTY: 60 is medically necessary and appropriate in this patient, given the records provided and the guidelines cited.

Xanax 0.25mg, QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24.

Decision rationale: Xanax 0.25mg, QTY: 180 Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines, Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Xanax 0.25mg, QTY: 180 is not fully established in this patient, given the records provided and the guidelines cited. If it is decided to discontinue this medication, then it should be tapered per the discretion of the treating provider, to prevent withdrawal.