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| Case Number: | CM15-0029777 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 08/27/2014 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: California
Certification(s)/Specialty: Emergency 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:

This 62 year old male sustained an industrial injury on 8/27/12. He subsequently reports facial pain, bilateral arm pain as well as anxiety and depression. Diagnoses include 1st and 2nd degree burns to face and bilateral arms. On 1/26/15, Utilization Review partially-certified a request for Xanax 0.5 mg #30 modified to #24. The Xanax 0.5 mg modified certification was not based on MTUS guidelines. On 1/26/15, Utilization Review non-certified a request One (1) IF 4 unit. The denial of One (1) IF 4 unit was based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Xanax 0.5 mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has facial pain, bilateral arm pain as well as anxiety and depression. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5 mg #30 is not medically necessary.

One (1) IF 4 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120 Page(s): 118-120.

Decision rationale: The requested One (1) IF 4 unit, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has facial pain, bilateral arm pain as well as anxiety and depression. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, One (1) IF 4 unit is not medically necessary.