

Case Number:	CM15-0070792		
Date Assigned:	04/20/2015	Date of Injury:	06/18/2009
Decision Date:	05/19/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/14/2015

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, Florida, 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 injured worker is a 47 year old female, who sustained an industrial injury on 06/18/2009. She reported an onset of pain secondary to an assault while at work. The injured worker was diagnosed as having complex regional pain syndrome, post-traumatic stress disorder, and anxiety. Treatment to date has included use of Thermacare Patches, use of a transcutaneous electrical nerve stimulation unit, home exercise program, and medication regimen. In a progress note dated 02/02/2015 the treating physician reports complaints of constant burning, stabbing, throbbing chronic pain with the current pain level of a four to ten out of ten. The injured worker also has associated symptoms of numbness, hypersensitivity to touch to the affected limb, and difficulty with sleep. The treating physician requested the medications of Alprazolam 1mg with a quantity of 90 and Norco 10mg/325mg with a quantity of 120 for complex regional pain syndrome and also noted that the Norco brought the pain level from a ten out of ten to a seven out of ten allowing the injured worker to exercise. The treating physician also requested the continuation of Thermacare Patches as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 MG, 1 Tab Orally TID #90 with 2 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: This claimant was injured 6 years ago. There was an alleged Chronic Regional Pain Syndrome (CRPS), and post traumatic stress. There is continued pain. There is no mention of muscle spasm or anxiety and it appears the benzodiazepine has been used long term. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. Therefore is not medically necessary.

Thermacare Small/Medium Back/Hip Bandage #30 Units with 5 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment.

Decision rationale: This claimant was injured 6 years ago. There was an alleged Chronic Regional Pain Syndrome (CRPS), and post traumatic stress. There has been past use of ThermaCare patches, but objective functional improvement is not noted. There is continued pain. There is no mention of muscle spasm or anxiety. This patch applies chemically generated heat. However, heat is heat. The MTUS/ACOEM guides note that “during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. More elaborate patches or equipment than home hot packs are simply not needed to administer the heat modality.” The guides note it is something a claimant can do at home with simple hot packs made at home, without the need for such equipment. As such, these ThermaCare patches would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified. Therefore is not medically necessary.

Norco 10 MG/325 MG 1 Tab Every 6 Hours Orally As Needed #120 with No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured 6 years ago. There was an alleged Chronic Regional Pain Syndrome (CRPS), and post traumatic stress. There is continued pain. There is no mention of muscle spasm or anxiety. Objective functional benefit out of the opiate usage is not given. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) There is no documentation that any of these criteria are met. In regards to the long term use of opiates, the MTUS also poses several analytical questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, are they producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There again especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review. Therefore is not medically necessary.