

Independent Medical Review Final Determination Letter

642
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

IMR Case Number:	CM13-0025279	Date of Injury:	03/29/1999
Claims Number:	[REDACTED]	UR Denial Date:	09/04/2013
Priority:	STANDARD	Application Received:	09/16/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain with derivative sleep disturbance reportedly associated with an industrial injury of January 12, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medication; sleep aids; topical agents; the apparent imposition of permanent work restrictions; and trigger point injections. It does not appear that the applicant has returned to work with permanent limitations in place.

In a utilization review report of September 4, 2013, the claims administrator partially certified request for Lyrica and Klonopin for tapering purposes. The applicant later appealed, on September 16, 2013.

An earlier note of August 22, 2013 is notable for comments that the applicant's quality of sleep is poor. The applicant's pain level is unchanged. It is stated that the applicant is using his medications as prescribed and they are reportedly working well. It is stated that the applicant is interested in tapering down his medications. He is presently on Seroquel, Lidoderm, Klonopin, Lyrica, and methadone. The applicant continues to smoke half pack a day. EKG test demonstrates marked sinus bradycardia. The applicant's heart rate is not measured. It is stated his BMI is 36. He is ambulating in a normal fashion. Surgical scarring is noted about the shoulder with positive signs of internal impingement and significant limited shoulder range of motion with flexion and abduction in the 45 to 75-degree range. Recommendations are made for the applicant to consult a psychiatrist and obtain medication refills. It is stated that the applicant is using Seroquel for mood and sleep. The applicant states that the combination of Seroquel and Klonopin is stabilizing his mood and anxiety and that he is now more

independent with activities of daily living and home chores. Lyrica is endorsed for neuropathic pain. Rather a proscriptive 5-pound lifting limitation remains in place.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 prescription of Lyrica 75mg #90 is medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 3 & 19, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, Lyrica is FDA approved in treatment of neuropathic pain, postherpetic neuralgia, diabetic neuropathy, and fibromyalgia. It is under consideration for treatment for anxiety disorder and social anxiety disorder. In this case, the applicant has chronic shoulder pain issues and does have some mood and anxiety issues evident. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly takes the position that all chronic pain conditions have some neuropathic component, either central or peripheral. In this case, the attending provider has written on multiple occasions that the applicant is deriving appropriate analgesia and improved performance of non-work activities of daily living such as home chores through ongoing medication usage, including Lyrica usage. The volume of the attending provider's documentation does seemingly make a case for continuation of Lyrica. Accordingly, the original utilization review decision is overturned. **The request for 1 prescription of Lyrica 75mg #90 is medically necessary and appropriate.**

2. 1 prescription of Klonopin 0.5mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Klonopin are the treatment of choice in very few conditions as tolerance to the same develops quite rapidly. Benzodiazepines are not indicated as a long-term option in the treatment of anxiety, depression, anti-convulsion, or muscle spasm. In this case, it is further noted that the applicant is using numerous other analgesic, adjuvant, and psychotropic medications, including the Lyrica certified above and another sleep aid, Seroquel, effectively obviating the need for Klonopin. **The request for 1 prescription of Klonopin 0.5mg #30 is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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