

Case Number:	CM13-0001956		
Date Assigned:	05/09/2014	Date of Injury:	09/21/2011
Decision Date:	06/10/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old female who was injured on 09/21/2011 as a result of an assault while at work sustaining neck pain and headaches. Prior treatment history has included vestibular physical therapy treatment. Her medications include Lexapro, Nexium, Lorazepam. Progress note dated 06/17/2013 documented the patient discussed a lot of the problems with the right arm. Whether coming from the neck or peripheral injury has the occipital neuralgia but also impaired median nerve (thumb and fingers 1 and 2). No she is having problems with ulnar nerve distribution (digits 4 and 5 painful and numb). Diagnoses are cervical radiculopathy, and cervico-occipital neuralgia. Progress note dated 07/01/2013 documented the patient saying that she is scheduled to see [REDACTED], a Neurology QME in [REDACTED] on 08/08/2013. We discussed the work injury and emotional issues around it. She is trying to let go and to move on. She is slowly making behavioral changes that we have been working on.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS: 06/05/13 PROSPECTIVE LORAZEPAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lorazepam.

Decision rationale: According to the Official Disability Guidelines, lorazepam (Ativan) is not recommended. The CA MTUS and ODG state that with benzodiazepines, there is risk of dependence, addiction, and it is a major cause of overdose. The medical records do not establish the patient presents with any subjective complaints and corroborative objective findings that substantiate an anxiety disorder exists, along with relevant extenuating circumstances establish prescription and ongoing use of a medication that is not recommended under the evidence-based guidelines. Therefore, lorazepam is not medically necessary.

RETROSPECTIVE DOS: 06/05/13 PROSPECTIVE ESCITALOPRAM OXALATE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants For Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain, Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain, Antidepressants for chronic pain.

Decision rationale: According to the CA MTUS and Official Disability Guidelines, Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. However, Lexapro is an SSRI anti-depressant approved for the treatment of certain anxiety disorders and major depressive disorder. The medical records do not establish a diagnosis of an Anxiety disorder or Major depression. In addition, this medication is not indicated for the treatment of any of the patient's diagnosed conditions, and the medical records do not document any subjective complaints with corroborative objective findings/observations that warrant this medication. Lexapro is not medically necessary.

RETROSPECTIVE DOS: 06/05/13 PROSPECTIVE ONDANSETRON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Zofran/Ondansetron.

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

Decision rationale: According to the Official Disability Guidelines, Ondansetron (Zofran®) is a serotonin 5-HT₃ receptor antagonist, FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Ondansetron is not intended for use as a prophylactic for

potential short-term side effect of analgesic medications. The medical records do not establish this patient has any complaints of nausea, nor document her having any condition for which this medication is indicated to treat. The medical necessity of this request is not established by the medical records.