

Case Number:	CM13-0002614		
Date Assigned:	06/04/2014	Date of Injury:	09/05/2008
Decision Date:	07/29/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/22/2013

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 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 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 52-year-old with a date of injury of September 5, 2008. Subsequent to a fall she developed chronic upper extremity pain, chronic cervical and lumbar pain. She has been treated with surgery to her left elbow, oral analgesics, and massage therapy. The spinal pain is not associated with any central or nerve root myelopathy. She continues to work full time. The treating physician dispenses medications on a monthly basis. Subsequent to prior denials the treating physician documented that VAS scores improved from 9/10 down to 6/10 with Norco use. Also a new diagnosis of gastrointestinal reflux disease (GERD) was added to the list of diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, sixty count, provided on June 19, 2013: 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(s): 68.

Decision rationale: The Chronic Pain Guidelines do not recommend long term use of Benzodiazepines for any condition. This is due to the high abuse potential and quick

development of tolerance. The treating physician states that it is used for anxiety/depression. The Guidelines note there are other classes of drugs that are recommended for these conditions. There is no evidence that other medications have been trialed for these conditions. The retrospective request for Lorazepam 1mg, sixty count, provided on June 19, 2013, is not medically necessary or appropriate.

Prilosec 20mg, sixty count: 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 NSAIDs and GI risk Page(s): 68.

Decision rationale: The treating physician dispenses #60 20mg tablets on a long term monthly basis. As noted in the Guidelines the usual and customary dose is 20mg. per day and the medical necessity of doubling this dose is not presented in the records. The lowest possible dose should be utilized on a long term basis as this is not a benign medication. Long term use is associated with increased hip fractures, increased pulmonary infections and dysregulation of biological metals. The request for Prilosec 20mg, sixty count, is not medically necessary or appropriate.

Vicodin 7.5/750mg, 120 count: Overturned

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 Opioids when to continue Page(s): 80.

Decision rationale: Subsequent to the UR review additional documentation notes VAS (visual analog scale) improvements due to the Norco. The overall documentation regarding minimal to moderate opioid use is imperfect, but the key evidence of functional improvement is the fact of continued work. As long as the amount of use does not accelerate or there is a deterioration in function up to an average use of four per day appears medically reasonable. The request for Vicodin 7.5/750mg, 120 count, is medically necessary and appropriate.

Prilosec 20mg, sixty count, provided on June 19, 2013: 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 NSAIDs and GI risk Page(s): 68.

Decision rationale: The treating physician dispenses #60 20mg tablets on a long term monthly basis. As noted in the Guidelines the usual and customary dose is 20mg. per day and the medical

necessity of doubling this dose is not presented in the records. The lowest possible dose should be utilized on a long term basis as this is not a benign medication. Long term use is associated with increased hip fractures, increased pulmonary infections and dysregulation of biological metals. The retrospective request for Prilosec 20mg, sixty count, provided on June 19, 2013, is not medically necessary or appropriate.

Lorazepam 1mg, sixty count: 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(s): 24.

Decision rationale: The Chronic Pain Guidelines do not recommend long term use of Benzodiazepines for any condition. This is due to the high abuse potential and quick development of tolerance. The treating physician states that it is used for anxiety/depression. The Guidelines note there are other classes of drugs that are recommended for these conditions. There is no evidence that other medications have been trialed for these conditions. The request for Lorazepam 1mg, sixty count, is not medically necessary or appropriate.

Massage therapy, eight sessions: 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 Massage Therapy, Manual Therapy Page(s): 58, 59, 60.

Decision rationale: The Chronic Pain Guidelines recommend only up to six sessions of massage therapy and only additional Massage Therapy based on unusual circumstances. The Guideline section on Manual Therapy provides what could reasonably be considered unusual circumstances to support longer term modalities i.e. the manual therapy has and continues to assist with return to work. If this circumstance is met, Guidelines state that one to two sessions every four to six months would be reasonable. However, the request for eight sessions is not specific enough to be consistent with Guidelines i.e. over what period of time. The request for eight sessions of massage therapy is not medically necessary or appropriate.