

Case Number:	CM13-0006767		
Date Assigned:	07/02/2014	Date of Injury:	09/05/2008
Decision Date:	07/31/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 52 year old female injured on 09/05/08 due to falling approximately 4 feet off of a ladder onto the ground injuring her neck, low back, and right elbow. The current diagnoses include discogenic cervical condition with facet inflammation or foraminal narrowing, headaches, epicondylitis medially and laterally status post release, ulnar nerve transposition on the right with symptomology, discogenic lumbar condition, weight gain, issues with gastroesophageal reflux disease, balance issues, anxiety issues, and depression. The injured worker has undergone repair of torn ligaments and tendon of the right elbow in 2005 and right elbow epicondylar release/stripping/epicondylectomy/partial annular resection/re-approximation of the radial collateral ligament of the humerus as well as tightening of the posterior weak capsule/synovectomy on 02/09/09. The documentation indicates complaints of neck, right elbow, and low back pain rated at 8/10 on visual analog scale. The physical examination dated 07/11/13 revealed tenderness along the cervical and lumbar paraspinal muscles bilaterally, tenderness along the medial and lateral epicondyle bilaterally with mild Tinel's sign at the right elbow, cervical range of motion decreased, lumbar spine range of motion decreased with discomfort, and straight leg raise negative bilaterally. The injured worker reports prior physical therapy and massage therapy. It is noted massage therapy helps the injured worker become more functional and reduces her pain level helping her to take less pain medication and perform more chores around the house. The clinical note dated 07/18/13 indicates medications to include Prilosec 20mg to treat stomach upset due to medication, Vicodin 7.5mg, Motrin 800mg, and Ativan 1mg for anxiety. The initial request for Lorazepam 1mg #90 for next visit, quantity 90, retro Lorazepam 1mg #60, and massage therapy was initially non-certified on 07/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORAZEPAM 1 MG, #90 FOR NEXT VISIT QTY:90: Upheld

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

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Lorazepam 1 mg, #90 is not medically necessary.

RETRO LORAZEPAM 1 MG, #60: Upheld

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

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for retro Lorazepam 1 mg, #60 is not medically necessary.

MASSAGE THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: Based on review of the records provided, the request for massage therapy for the lumbar spine is not supported as medically necessary. Current Chronic Pain Medical Treatment Guidelines indicate massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies

show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The documentation indicates that injured worker has undergone prior massage therapy; however, the number of prior treatments was not provided. Without this information, the request is not medically necessary.