

Case Number:	CM13-0035724		
Date Assigned:	06/09/2014	Date of Injury:	02/11/2005
Decision Date:	07/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 63 year old male who had a work related injury on 02/01/05. He was picking up a heavy tool and injured his back. Physical exam revealed BP 150/70. Tender to palpation L4-L5 level, with palpable paraspinal spasm on the left and right side. Decreased range of motion by 50%. Trigger points L4-L5 bilaterally. Abnormal sensation in foot. Motor exam was normal. Normal gait. Reduced knee jerks. Diagnosis, L4-5 spondylolisthesis left S1 radiculopathy bilaterally. Request was for prescription for Lisinopril-HCTZ 20-25mg #30 one prescription for Lorazepam 2mg #60 and one prescription of tramadol 50mg #120 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF LISINOPRIL-HYDROCHLOROTHIAZIDE 20-25MG #30:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference: 2014 edition.

Decision rationale: The request for Lisinopril/HCTZ is medically necessary, the submitted records indicate the injured worker has HTN, for which this medication is clinically indicated. As such medical necessity is established.

ONE PRESCRIPTION OF LORAZEPAM 2MG #60: 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 request for Lorazepam is not recommended as medically necessary. Lorazepam is not indicated for long term use because long term efficacy is unproven and there is a risk of dependence. Chronic Pain Medical Treatment Guidelines limit use to four weeks. There is no documentation to establish the presence of anxiety or other conditions for which medication is clinically indicated. As such it is not medically indicated.

ONE PRESCRIPTION OF TRAMADOL 50MG #120 WITH ONE REFILL: 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 Opiates Page(s): 74-80.

Decision rationale: The request for Tramadol is not recommended as medically necessary. The records indicate that the injured workers pain is not severe and has been reported as stable. The records provide no information that that Tramadol has resulted in functional improvements. There is no documentation of urine drug screens to assess compliance. Therefore, continued use is not supported under the California Medical Treatment Utilization Schedule (CAMTUS) guidelines.