

Case Number:	CM13-0046646		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2011
Decision Date:	04/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 & 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:

This 51 year-old female sustained an injury on 8/9/11 while employed by [REDACTED]. Requests under consideration include Lidopro Lotion 4oz for next visit, Lorazepam 1 Mg #60 for next visit, Vicodin 7.5/750mg #120 for next visit, and Motrin 800 mg #90 for next visit. A MRI of the right shoulder on 1/28/13 showed no rotator cuff tear with moderate degenerative changes at AC joint and labral tear; MRI of right wrist on 1/28/13 showed chronic fracture deformity at distal radius. Report of 10/23/13 from the provider noted patient with right shoulder, right wrist, and left elbow pain; Norco helps to decrease pain level of 8/10 to function and keep her full time job. There are also spasms and numbness/tingling in right arm; Lorazepam helps her anxiety to decrease and help with sleep. Exam showed range of motion of the right wrist and hand is satisfactory; bilateral elbows extend to 180 degrees and flex to 160 degrees; bilateral upper extremities abduct to 150 degrees. Diagnoses include impingement syndrome of right shoulder; ulnar nerve inflammation of left elbow; wrist fracture on right distal radius, residual grip deficit and motion loss; and discogenic cervical condition with radicular component down right upper extremity. The patient is undergoing massage therapy with 3 sessions remaining; above medications were refilled. Letter of appeal dated 11/20/13 from the provider noted patient has pain level of 9/10 and Vicodin decreases to 6/10 for wrist pain, which increases anxiety-needing Lorazepam. Exam noted neck movement is satisfactory; tenderness in low back; unchanged range of elbow flex/extension 160 and 180 degrees; right wrist and hand range slightly limited due to pain. Diagnoses had discogenic cervical condition with radicular component (EMG unremarkable); discogenic lumbar condition (EMG unremarkable); epicondylitis and cubital tunnel syndrome s/p release and transposition; and headaches. Guidelines were quoted. Requests above were non-certified on 11/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION 4OZ FOR NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This 51 year-old female sustained an injury on 8/9/11 while employed by [REDACTED]. Requests under consideration include LidoPro lotion 4oz for next visit, Lorazepam 1 mg for next visit, Vicodin 7.5/750mg for next visit, and Motrin 800 mg for next visit. Letter of appeal dated 11/20/13 from the provider noted patient has pain level of 9/10 and Vicodin decreases to 6/10 for wrist pain, which increases anxiety-needing Lorazepam. Exam noted neck movement is satisfactory; tenderness in low back; unchanged range of elbow flex/extension 160 and 180 degrees; right wrist and hand range slightly limited due to pain. Diagnoses had discogenic cervical condition with radicular component (EMG unremarkable); discogenic lumbar condition (EMG unremarkable); epicondylitis and cubital tunnel syndrome s/p release and transposition; and headaches. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification provided as to how it is medically necessary to treat an injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Lidopro lotion 4oz for next visit is not medically necessary and appropriate.

LORAZEPAM 1 MG FOR NEXT VISIT: 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): 23.

Decision rationale: Lorazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually

up to 4 weeks, as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for the continued use of the Lorazepam for the chronic injury of 2011 nor is there documented functional efficacy from treatment already rendered. Lorazepam 1 mg #60 for next visit is not medically necessary and appropriate.

VICODIN 7.5/750MG FOR NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 88,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Vicodin 7.5/750mg #120 for next visit is not medically necessary and appropriate.

MOTRIN 800MG FOR NEXT VISIT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Non-Steroidal Anti-Inflammatory Drugs Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for an injury of 2011 as there are functional efficacy derived from treatment rendered enabling the patient to continue working full-time. Motrin 800 mg #90 for next visit is medically necessary and appropriate.

