

Case Number:	CM13-0046676		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2008
Decision Date:	05/16/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Illinois. 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 female who reported an injury on 09/05/2008. The mechanism of injury was a fall off a ladder 4 feet off the ground. The clinical note dated 10/09/2013 noted the patient complained that she has had increased pain in her right elbow; especially if she goes to lift anything she has increased pain as well as pain in her neck with headaches. The patient complains she is still having some nosebleeds and is following up with her primary care doctor. The patient states she takes medications to be functional. She takes her Vicodin for pain and her Valium for anxiety and stress. On physical exam, the patient is noted to have tenderness along the cervical paraspinal muscles bilaterally. The operative note dated 11/29/2012 indicated postoperative diagnoses of cervical herniated nucleus pulposus, cervical radiculopathy, cervical spinal stenosis, and neck and arm pain. An MRI of the wrist without contrast dated 01/28/2013 the impression noted chronic fracture deformity of the distal radius with chronic fracture line extending to the intra-articular surface along the radiolunate fossa. No associated bone marrow edema or acute fracture was visualized. Moderate arthrosis at that radiolunate articulation with mild subchondral bone marrow edema was noted. There was degeneration of the triangular fibrocartilage. This is limited in evaluation secondary to motion, mild degenerative changes at the first carpometacarpal joint. The median and ulnar nerves were intact. Medications are Vicodin 7.5/750mg, Motrin 800 mg, Lorazepam 1mg, and Protonix 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 LORAZEPAM 1MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that Lorazepam is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Most Guidelines limit its use to 4 weeks. The MTUS Guidelines state that a more appropriate treatment for an anxiety disorder is an antidepressant. The documentation provided for review listed no medications or the length of time the patient has been on the medication; therefore, the request for Lorazepam does not meet the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.

60 PROTONIX 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines indicate long-term use of a Proton Pump Inhibitor (> 1 year) has been shown to increase the risk of hip fracture. The documentation provided for review does not show that the patient is at risk for a gastrointestinal event, therefore the request for Protonix does not meet the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.