

Case Number:	CM13-0063909		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2012
Decision Date:	06/13/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 injured worker is a 34 year old female with a reported date of injury occurring between 12/01/2010-12/01/2012. The injured worker complained of left wrist pain rated at 7/10 and left shoulder pain rated at 6/10. She reports numbness and tingling at night. The injured worker also complained of right knee pain rated at 5/10. The injured worker had positive left wrist Phalen's and Tinel's signs. The range of motion in the right knee revealed flexion to 125 degrees, and a positive McMurray's test. According to the clinical note dated 10/04/2013, the injured worker has been utilizing Norco for pain for a "prolonged" period of time. The injured worker was also prescribed Xanax on that date to help her sleep. The injured worker's diagnoses included left shoulder impingement syndrome, L5-S1 discopathy, left ganglion cyst left upper extremity tendinitis and possible right knee internal derangement. The request for authorization for re-evaluation within 6 weeks, Prilosec 20mg #60, Hydrocodone/APAP 10/325mg #60, Flexeril 10mg #60 and Lorazepam 2mg #30 was submitted on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RE-EVALUATION WITHIN 6 WEEKS: Upheld

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 Official Disability Guidelines: Pain Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms and clinical stability. According to the clinical documentation provided for review the injured worker did not present with new complaints or change in functional status. The rationale for a re-evaluation within 6 weeks is unclear. Therefore, the request for re-evaluation within 6 weeks is not medically necessary and appropriate.

PRILOSEC 20MG #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 Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk, page 68.

Decision rationale: The CA MTUS guidelines recommend that because of the risk of side effects and long term problems, the use of proton pump inhibitors is limited to those individuals greater than 65 years of age, those with a history of peptic ulcer, GI bleed or perforation, and those on high doses or multiple Non-Steroidal Anti-Inflammatory Drugs (NSAID). According to the clinical information available for review the injured worker was prescribed Prilosec as a prophylactic treatment related to the use of Hydrocodone. There was also a lack of documentation indicating the injured worker had conditions required for use of a proton pump inhibitor or at risk for gastrointestinal events and the injured worker was not taking NSAIDs. The request for prilosec exceeds the recommended guidelines. Therefore, the request for prilosec 20mg #60 is not medically necessary and appropriate.

HYDROCODONE/APAP 10/325MG #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 Opioids Page(s): 74-78.

Decision rationale: The CA MTUS guidelines recommend the use of opioids with ongoing review and documentation of pain relief, functional status, appropriated medication use and side effects. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation for the clinical use of Opioids. In addition, the use of drug screening should be utilized with issues of abuse, addiction or poor pain control. According to the clinical note dated 10/04/2013, the injured worker has been utilizing Norco for pain for a

"prolonged" period of time. There is a lack of documentation provided regarding urine drug screen or objectional findings of functional improvements, related to the use of Hydrocodone. Therefore, the request for hydrocodone/apap 10/325mg #60 is not medically necessary and appropriate.

FLEXERIL 10MG #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 Cyclobenzaprine (Flexeril), Page(s): 41.

Decision rationale: The CA MTUS guidelines recommend Flexeril as an option for a short course of therapy. Flexeril has the greatest effect in the first 4 days of treatment, suggesting that shorter courses may be better. According to the documentation provided the injured worker has been utilizing Flexeril since before 2012. In addition, there is a lack of documentation regarding muscle spasm or other rationale for use. The request for additional Flexeril exceeds the recommended guidelines. Therefore, the request for flexeril 10mg #60 is not medically necessary and appropriate.

LORAZEPAM 2MG #30: 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 CA MTUS guidelines do not recommend Lorazepam (Benzodiazepines) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. According to the documentation provided the injured worker had been utilizing Lorazepam before 10/04/2013. The request for Lorazepam exceeds the recommended guidelines. Therefore, the request for Lorazepam 2mg #30 is not medically necessary and appropriate.