

Case Number:	CM14-0000713		
Date Assigned:	01/17/2014	Date of Injury:	04/23/2003
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Management 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:

The patient is a 57 year-old female who was injured on 4/23/2003. She has been diagnosed with cervical discopathy; right shoulder s/p arthroscopic debridement, subacromial decompression, biceps tenotomy; Mumford and cuff repair; left shoulder s/p subacromial decompression, Mumford and cuff repair; s/p bilateral CTR and first dorsal compartment release; s/p right knee TKA; lumbar discopathy; s/p surgical weight loss; and psychological diagnoses by [REDACTED]. According to the 11/25/13 orthopedic report from [REDACTED], the patient presents early due to increased left foot and ankle pain. She has braces and had PT, but the pain is increasing. Medications are not helping. She walks with a cane and limping. The patient asked for refills. On 12/19/13 UR authorized Condrolite, Norco, and denied Prevacid, Lidocaine patches and Lorezepam

IMR ISSUES, DECISIONS AND RATIONALES

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

PREVACID 30 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: On 11/25/13, the patient presents with increasing left ankle pain, but also has neck, back, both upper and both lower extremity and psychological issues. I have been asked to review for Prevacid. The 11/25/13 report shows the patient takes naproxen. The 1/22/13 report shows history of hypertension, and diabetes, and the patient was taking Prevacid, naproxen and aspirin. The use of naproxen and aspirin are a risk factor for GI events, according to MTUS guidelines. MTUS states a patient at risk for GI events, can use a PPI such as Prevacid. The request for Prevacid 30mg is medically necessary.

LIDOCAINE 5% PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine patch)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine patch) Page(s): 56,57,111-113.

Decision rationale: The patient presents with increasing left ankle pain, but also has neck, back, both upper and both lower extremity and psychological issues. MTUS states these are for neuropathic pain, and "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." On looking through the medical records 11/22/13 through 01/25/13, there was no indication that the patient has tried first-line medications, antidepressants or anti-epileptics for neuropathic pain. Therefore, based on guidelines the request for Lidocaine 5% Patches is not medically necessary.

LORAZEPAM 1 MG #30: Upheld

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

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

Decision rationale: The patient presents with increasing left ankle pain, but also has neck, back, both upper and both lower extremity and psychological issues. The medical records provided did not go into details on the medications. It appears the patient has been on the benzodiazepine, Lorazepam since at least 1/25/13. MTUS states benzodiazepines are not for long-term use, and most guidelines limit use to 4-weeks. The long-term use of Lorazepam is not in accordance with MTUS guidelines. Therefore, based on guidelines and a review of the evidence, the request for Lorazepam 1mg #30 is not medically necessary.