

Case Number:	CM14-0002058		
Date Assigned:	01/24/2014	Date of Injury:	12/01/2001
Decision Date:	06/16/2014	UR Denial Date:	01/01/2014
Priority:	Standard	Application Received:	01/07/2014

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 Interventional Spine, 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 patient is a 56-year-old female with date of injury 12/01/2001. Per treating physician's report, 12/04/2013, patient has persistent neck pain, constant and throbbing at 3/10 with radiation down the right arm, intermittent numbness in the hand. "The patient does not want to take any opioid medication." The patient is trying to control symptoms with Ibuprofen and takes 400 mg twice a day and preferred to use normal topical medications and has had good result with Terocin gel. The patient also has constant low back pain at 3/10 and does stretches every day. Listed diagnoses are cervical spondylosis, cervical radiculopathy in the right, chronic low back pain status post back surgery, chronic pain syndrome requiring medication and associated with anxiety limited functional status. Under discussion, the treating physician states that urine drug screen was obtained as part of the drug safety program which was consistent with her prescription. Lorazepam was renewed to be taken as needed only for anxiety related to her chronic pain and limited functional status, also provided with MetaDerm lotion as a non-opioid pain remedy to assist with the pain. A 09/13/2013 report is also reviewed. The patient saw a neurosurgeon and told her that she does not need to have surgery and may return to work with restrictions, and the patient was excited and "cannot wait to go back to work." Her pain is a constant aching neck pain at an intensity of 1/10 to 2/10 with some weakness, tingling, and numbness in the upper extremities. The patient is only taking Advil 400 mg once a day and is ready to go back to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opiates for Steps to avoid opioid misuse. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates for Steps to avoid opioid misuse Page(s): 94-95.

Decision rationale: This patient presents with neck pain and some symptoms in the upper extremity. The treating physician has performed urine drug screen as part of "drug safety program." Review of the reports show that the patient is not taking any opiates. MTUS Guidelines allow use of urine drug screen to help manage chronic opiate use. This patient is not taking any opiates and there is no reason to perform urine toxicology. This patient is only taking Advil 400 mg on as needed basis. Recommendation is for denial.

LORAZEPAM 2MG #30: Upheld

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

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

Decision rationale: This patient presents with neck pain, upper extremity pain. Per one report, 09/13/2013, the patient's pain is only 1/10 to 2/10. On 12/04/2013 report, the patient's pain is a 3/10. There are no anxieties or other psychiatric issues discussed or documented. The treating physician has prescribed Lorazepam 2 mg on as needed basis for patient's anxiety related to the patient's chronic pain, but no anxiety related to chronic pain is documented on any of the reports. In fact, the patient's pain is only 1/10 to 2/10 per 09/13/2013 report and relies only on Advil 400 mg on as needed basis. MTUS Guidelines do not support long term use of Benzodiazepines. When it is used, only a short term use is allowed. There is no discussion regarding on as needed basis use for this type of medication. The treating physician fails to document medical necessity for use of Lorazepam and does not provide recommendations of short term use. Recommendation is for denial. The Lorazepam 2mg #30 is not medically necessary and appropriate.

METADERM LOTION #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (GI) Gastrointestinal symptoms & cardiovascular risk.

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

Decision rationale: This patient presents with neck and upper extremity pain at an intensity that ranges from 1/10 to 3/10. The treating physician has prescribed MetaDerm lotion, but it is not apparent why this patient is being given topical lotion when the patient is doing well with just the Advil. A 09/13/2013 report indicates the patient is only using Advil with intensity of neck pain at 1/10 to 2/10. A 12/04/2013 report indicates neck and low back pain at 3/10 and indicates preferred to use topical medications as the patient has had good results with Terocin gel in the past. The treating physician has prescribed MetaDerm lotion without any explanation as to why this topical lotion is being added. The treating physician does not explain what is contained in "MetaDerm lotion," only stating that is to be used as a non-opioid pain remedy to assist with the pain. Search of the internet shows that this is a product that is used for psoriasis and eczema. MTUS Guidelines do not support compounded topical products if one of the component is not supported. In this case, the treating physician does not explain what MetaDerm lotion contains. Without knowing what is in the compound, one cannot discuss whether or not it is indicated per MTUS Guidelines. Furthermore, it is not known why the treating physician has suddenly prescribed this lotion rather than allowing the patient to continue Advil which appears to have been effective in controlling the patient's pain and keeping the pain at 1/10 to 3/10. Recommendation is for denial. The request is not medically necessary and appropriate.