

Case Number:	CM14-0004932		
Date Assigned:	01/24/2014	Date of Injury:	11/28/2009
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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, 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 injured worker is a 53-year-old male who reported an injury on 11/28/2009; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/18/2013, the injured worker reported pain in the right arm and neck rated 5/10. The injured worker reported the combination of the high doses of Nortriptyline and acupuncture therapy had helped improve pain. The physical examination revealed decreased range of motion in the neck with moderate pain to palpation along the distribution of the trapezius muscles extending from the neck to the right shoulder. Bilateral shoulder examination revealed limited range of motion with decreased strength. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DIAZEPAM 10MG (DOS 11/09/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, 10/14/2013.

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

Decision rationale: The request for a retrospective decision on Diazepam 10 mg is non-certified. California MTUS Guidelines do not recommend benzodiazepines for long term use because the long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The submitted medical records, however, do not give a detailed enough documented usage of diazepam. Thus, it is unknown how long the injured worker has been utilizing the medication. Lastly, the records for the indicated date of service of 11/09/2013 were not provided within the submitted medical records. It is unknown the physician's rationale for the utilization of the medication or documentation of symptoms that would indicate the medication's usage. As such, the request is not medically necessary and appropriate.

RETROSPECTIVE NORTRIPTYLINE 5MG (DOS 11/09/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-DEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antidepressants for chronic pain .

Decision rationale: The request for a retrospective of Nortriptyline 5 mg for date of service 11/09/2013 is non-certified. California MTUS Guidelines recommend tricyclic antidepressants over selective serotonin reuptake inhibitors, unless adverse reactions are a problem, poorly tolerated, or contra-indicated. Furthermore, the Official Disability Guidelines state an assessment of treatment efficacy should be not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and a psychological assessment. In addition, side effects, including excessive sedation, should be assessed. The injured worker's medical records did not provide a medication history to assess the length of time the medication has been utilized. During the sleep quality assessment, the injured worker reported a reduction in sleep quality thus indicating poor medication efficacy. Moreover, the etiology of the pain is unknown and is unable to determine the indicated usage for the medication. As for neuropathic pain, it is recommended by the guidelines; for musculoskeletal injuries, it is not recommended. As such, the request is not medically necessary and appropriate.