MAXIMUS Federal Services

Case Number:	CM14-0104759		
Date Assigned:	07/30/2014	Date of Injury:	10/08/2001
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 52-year-old female with a 10/8/2001 date of injury. The mechanism of injury has not been provided. A progress note dated 7/2/13 noted the patient to have significant pain in the neck region. At that time her medications included Lorazepam and Norco. A progress note dated 2/26/14 noted the patient to be taking Flexeril. Her pain was noted to be 8/10. Medication management after that visit included Cymbalta, Lorazepam, and Lyrica. Diagnostic impression: Postlaminectomy syndrome of cervical region.Treatment to Date: Medication Management.A UR decision dated 6/24/14 denied the request for Cervical MRI and Lorazepam 0.5 mg #30 with 3 refills. A 2/26/14 progress report noted the patient to have tendonitis of the left hand, symptoms consistent with carpal tunnel syndrome, and shooting pains down her upper arms consistent with the C4-C5 level. A cervical spine MRI was therefore denied, as the provider did not document a complete neurological examination In addition, there were no red flags to warrant a cervical spine MRI. Lorazepam was denied, as the exact indication for this medication was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there is no documentation of any neurological dysfunction. The progress report from 2/26/14 does not document a complete neurological examination. In addition, this patient has a 2001 date of injury and has had a prior cervical laminectomy. There is no clear description of a significant change in patient's condition to warrant repeat cervical imaging at this time. Therefore, the request for cervical MRI is not medically necessary.

Lorazepam 0.5mg, #30 with 3 Refills: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, this patient has been on Lorazepam long-term. Guidelines consider chronic benzodiazepines the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly and there is a high risk for misuse and dependence. In addition, this request is for 3 refills which is a four month supply, which is excessive. Therefore, the request for Lorazepam 0.5 mg #30 with 3 Refills is not medically necessary.