

Case Number:	CM14-0109834		
Date Assigned:	09/16/2014	Date of Injury:	05/11/2011
Decision Date:	10/21/2014	UR Denial Date:	06/22/2014
Priority:	Standard	Application Received:	07/15/2014

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 Nevada. 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 records, presented for review, indicate that this 56-year-old gentleman was reportedly injured on May 11, 2011. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated July 7, 2014, indicated that there were ongoing complaints of neck pain, left shoulder pain, and low back pain. Current medications include Vicodin, Cymbalta, Norvasc, Lotensin, trazodone, and Celebrex. The physical examination demonstrated decreased lumbar spine range of motion and a trace reflex of the left sided ankle reflex. Examination of the left shoulder noted near full range of motion and tenderness at the acromioclavicular joint. There was a positive cross arm test and a negative impingement test. Diagnostic imaging studies of the lumbar spine revealed a Grade I spondylolisthesis at L5-S1 with severe left neural foraminal narrowing contacting the left L5 nerve root. Lower extremity nerve conduction studies were normal. Previous treatment included a left shoulder arthroscopy, lumbar spine surgery, epidural steroid injections, physical therapy and participation in a functional restoration program. A request had been made for Norvasc, trazodone, benazepril, and Vicodin and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Norvasc, 5 mg every day, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes, Hypertension treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692044.html>

Decision rationale: According to the progress note dated July 7, 2014, the injured employee has a concurrent diagnosis of hypertension. Considering this, the request for Norvasc is medically necessary.

Continued Trazodone, 50 mg at bed time as needed for insomnia, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness and Stress, Trazodone, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of trazodone is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The medical record does not indicate that the injured employee has a diagnosis of depression or anxiety. As such, this request for trazodone is not medically necessary.

Benazepril, 40 mg every day, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes, Hypertension treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692011.html>

Decision rationale: According to the progress note dated July 7, 2014, the injured employee has a concurrent diagnosis of hypertension. Considering this, the request for benazepril is medically necessary.

Vicodin, 5/300 mg, every 6 hours as needed, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Vicodin is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, a review of the available medical records fails to document any objective or clinical improvement in the pain or function with the current regimen. As such, this request for Vicodin is not considered medically necessary.