

Case Number:	CM14-0116371		
Date Assigned:	08/04/2014	Date of Injury:	01/03/2000
Decision Date:	09/15/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/24/2014

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 Pain 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 patient is a 52 year-old female with a date of injury of 01/03/2000. The listed diagnoses per [REDACTED] are: 1. Neuralgia/neuritis. 2. Reflex sympathetic dystrophy. 3. Post laminectomy syndrome, cervical spine. 4. Migraine. 5. Cervical cranial syndrome. 6. Tenosynovitis, hand/wrist. 7. Cervicalgia. 8. Cervical disk degeneration. 9. Spasm of muscle. 10. Anxiety state. 11. Pain in joint. 12. Postsurgical states. 13. Disk disease, cervical spine. According to progress report 04/17/2014, patient presents for medication maintenance and pump refill. The patient's pain is located in the head, bilateral arms, neck, bilateral shoulders, bilateral elbows, and bilateral hands. Pain is made worse by lifting, sitting, physical activities, stress, weather change, and walking. Pain is made better by sleep, rest, heat, medication, nerve blocks, ice, and intrathecal pump. Patient's pain with medication is 3/10, on average 5/10, and worst 8/10. Patient states that after the lights are out it takes 1 to 2 hours for her to fall asleep. She is awakened an average 4 times per night. Patient's current medication includes: Dilaudid 10 mg, Valium 10 mg, Lidoderm 5% patch, Naprosyn 500 mg, Hydrochlorothiazide 25 mg, and Wellbutrin tablets. This is a request for refill of Diazepam 10 mg #60, Naproxen 500 mg #60 with 4 refills, and Hydrochlorothiazide 25 mg #60 with 4 refills. Utilization review denied the request on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg #60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with pain in the head, bilateral arms, neck, bilateral shoulders, bilateral elbows, and bilateral hands. The treating physician is requesting a refill of Diazepam 10mg #90. The MTUS Guidelines do not support long-term use of benzodiazepine, and when used, recommendation is for no more than 2 to 3 weeks. The treating physician has been recommending Diazepam for patient's insomnia since 07/09/2013. Benzodiazepines are not recommended for long-term use when used to treat insomnia. The request for Diazepam is not medically necessary.

Naproxen 500mg #60 with 4 refills: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain , Anti-inflammatory Medications, NSAIDs Page(s): 60, 61, 22, 67-68.

Decision rationale: This patient presents with pain in the head, bilateral arms, neck, bilateral shoulders, bilateral elbows, and bilateral hands. The treating physician is requesting a refill of Naproxen 500 mg #60 with 4 refills. Utilization review denied the request stating "over-the-counter agents may suffice and may be tried first." For anti-inflammatory medication, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity of functional restoration can resume, but long-term use may not be warranted." In this case, the treating physician has prescribed this medication for patient's inflammation. Reports indicate the patient has a decrease in pain from 8/10 to 3/10 with current medication regimen which includes Naproxen. The request for Naproxen is medically necessary.

Hydrochlorothiazide 25mg #60 with 4 refills: 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 Other Medical Treatment Guideline or Medical Evidence:Drugs.comHydrochlorothiazide is a thiazide diuretic (water pill) that helps prevent your body from absorbing too much salt, which can cause fluid retention.Hydrochlorothiazide treats fluid retention (edema) in people with congestive heart failure, cirrhosis of the liver, or kidney disorders, or edema caused by taking steroids or estrogen. This medication is also used to treat high blood pressure (hypertension).

Decision rationale: This patient presents with pain in the head, bilateral arms, neck, bilateral shoulders, bilateral elbows, and bilateral hands. The treating physician is requesting a refill of Hydrochlorothiazide 20 mg #60 with 3 refills. Patient is instructed to take 1 to 2 tablets per day. Utilization review denied the request stating "this medication is a diuretic without a demonstrating clinical need for injury treatment." The ACOEM, MTUS, and ODG Guidelines do not discuss Hydrochlorothiazide. Hydrochlorothiazide treats blood pressure and fluid retention. Review of the medical file including progress reports from 07/09/2013 through 04/07/2014 does not provide a rationale for this medication. The patient is continually prescribed a refill without discussing blood pressure concerns or what this medication does for this patient. The request for Hydrochlorothiazide is not medically necessary.