

Case Number:	CM14-0143383		
Date Assigned:	09/10/2014	Date of Injury:	01/19/2004
Decision Date:	11/05/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 Pain Medicine and is licensed to practice in California and Washington. 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 01/19/2004; he fell off a ladder from a standing height onto a concrete floor, about 12 feet, and a fall from a 2 story scaffold. The injured worker complained of bilateral elbow pain. Diagnoses included lumbar radiculopathy/neuritis, lumbar back pain, cervicgia, degenerative disc disease of the lumbar spine, degenerative disc disease of the cervical spine, degenerative disc disease of the thoracic spine, and pain to the thoracic spine, muscle spasms, shoulder pain and knee pain. Past treatments included medication and physical therapy. The injured worker has had multiple surgeries that included a left knee surgery dated 05/20/2012, left shoulder surgery x4 dated 2004, right shoulder surgery 2004, left knee arthroscopy x2 in 2005, bilateral elbow ulnar transposition, bilateral carpal tunnel repair 2007. Medications included amitriptyline, oxycodone, and Roxicodone. The physical assessment dated 07/11/2014 of the bilateral elbows revealed quite tender anteriorly, medially, and posteromedially. Surgical scars were dysesthetic to palpation. Tenderness to palpation over the flexor pronator origin bilaterally and difficulty palpating the ulnar nerve. Biceps tendon was tender to palpation, speed test was painful and active supination against resistance was painful, greater to the right than the left. Range of motion was limited with 120 degrees of flexion and -35 degrees of extension on the right and -30 degrees of extension on the left. No instability on the elbow with varus or valgus stress testing. Pulses were intact 2/2 in the radial and ulnar arteries. Sensation was intact to light touch to all fingers but with an elbow flexion test, there was pain and numbness radiating along the ulnar aspect of the small finger. The diagnostics included x-rays and MRIs. The treatment plan included medications. The Request for Authorization dated 09/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chlordiazepoxide Hcl 5mg: Upheld

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

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

Decision rationale: The request for Chlordiazepoxide Hcl 5mg is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use and most guidelines limit use to 2 to 4 weeks. The guidelines indicate that the injured worker had been taking the benzodiazepines greater than 4 weeks, exceeding the limits the guideline indicates. The request did not indicate a duration or frequency. As such, the request is not medically necessary.

Clonidine Hcl 0.1mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Diabetic, hypertension

Decision rationale: The request for Clonidine Hcl 0.1mg is not medically necessary. The California MTUS/ACOEM do not address this request. The Official Disability Guidelines indicates the recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. The clinical notes did not indicate that the injured worker had a hypertensive issue. Clonidine can have more than 1 usage; however, the provider did not indicate the usage of the Clonidine. The request did not indicate the frequency or duration. As such, the request is not medically necessary.