

Case Number:	CM14-0144354		
Date Assigned:	09/12/2014	Date of Injury:	06/03/2003
Decision Date:	11/04/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 72-year-old female who reported an injury on 06/03/2003. The mechanism of injury was not provided. The diagnoses included COPD, asthma, and painful respiration. Past treatments included medication. Pertinent diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note dated 08/04/2014 indicated the injured worker complained of breathing issues. The physical exam revealed respirations equal and unlabored, peripheral pulses intact, and no pedal edema. Current medications included Norco 7.5/325 mg, Lorazepam 1 mg, promethazine 25 mg, Xopenex inhaler, and QVAR inhaler. The treatment plan included Norco 7.5/325 mg and Lorazepam 1 mg. The rationale for the treatment plan was not provided. The Request for Authorization form was completed on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Dept. of Labor: Guideline for Prescribing Opioids to Treat Pain in Injured Workers, and on the Non-MTUS Official Disability Guidelines, Opiate Medications, and ACOEM, Updated Chapter on Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Norco 7.5/325 mg is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation provided indicated the injured worker had complaints of breathing issues. It is unclear how long the injured worker had been taking the requested medication. There is a lack of documentation of efficacy of the requested medication, including quantified pain relief, functional improvement, and lack of any side effects. Additionally, there is a lack of the monitoring of any potentially nonadherent drug related behaviors through the use of urine drug screens. The request also does not indicate the quantity or frequency for taking the medication. Therefore, the request for Norco 7.5/325 mg is not medically necessary.

Lorazepam 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Antispasticity/Antispasmodic Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: The request for Lorazepam 1 mg is not medically necessary. The California MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The clinical documentation provided indicated the injured worker complained of breathing issues. It is unclear how long she had been taking the requested medication. There is a lack of documentation to indicate the efficacy of Lorazepam, including functional improvement. Additionally, the request does not indicate the frequency for using the medication. Therefore, the request for Lorazepam 1 mg is not medically necessary.