

Case Number:	CM14-0029975		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2001
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 63-year-old female who reported an injury on 07/20/2001, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/08/2014, the injured worker complained of predominantly right sided neck, bilateral shoulder, and arm pain radicular pain to the right forearm and bilateral thumbs. Her pain level was rated 0-4/10, and better since trigger point injections. It was also noted that the injured worker needed Lortab, less on good days, which represented a decrease in medications due to trigger point injections greater than 2 months ago. It was noted that the injured worker still attended physical therapy for the lumbar spine. It was noted that the injured worker participated in a home exercise program daily for 30 minutes and walked daily. Prior treatments included physical therapy, trigger point injections, medial branch blocks, nerve block, surgeries and the use of medications appropriately. It was noted that the injured worker denied adverse side effects and stable functionality with no aberrant drug-related behaviors noted. The injured worker's prescribed medications included Lortab 7.5/500 mg, Lasix 20 mg, and Triazolam 0.25 mg. The physical examination of the neck revealed tenderness in the paracervical muscles, trapezius, and taut bands, and +2 trigger points/tenderness with palpation. A positive twitch response presented bilaterally. The muscle tone of trapezius was increased, and there was a palpable tenderness on both sides. The physical examination of the shoulders on the right side revealed tenderness upon palpation in the acromioclavicular joint, biceps groove, and glenohumeral joint. The diagnosis included brachial neuritis or radiculitis not otherwise specified cervicalgia, and unspecified musculoskeletal disorders and symptoms referable to neck. The treatment plan included a refill of Lortab 7.5/500, 1 to 2 daily, #60; a continuation of the home exercise program; a request for physical therapy 1 time a week/6 weeks to assist with pain/spasm and increase sleep and functionality, as well as ability to decrease meds. The Request for Authorization for physical

therapy x6 physical therapy sessions, Lortab 7.5/500 tablet mg 1 to 2 every day with 3 refills, Lasix 20 mg 0.25 tab daily with 3 refills, and Triazolam 0.25 mg tablets half a tablet at bedtime as needed with 3 refills was submitted on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5/500 mg # 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 80, 91.

Decision rationale: The request for Lortab 7.5/500 mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines state that opioids appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appear limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. There is no evidence to recommend 1 opioid over another. Lortab is indicated for moderate to moderately severe pain. The analgesic dose for Lortab of 7.5/500 mg is 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain (with a max 8 tablets per day). For higher doses of Lortab (greater than 5 mg/tab); and acetaminophen (greater than 500 mg per tab), the recommended dose is usually 1 tablet every 4 to 6 hours as needed for pain. In the clinical notes provided for review, it was annotated that the injured worker had needed the prescription of Lortab less since the use of trigger point injections. The injured worker's pain level status was annotated at 0/10 to 4/10; however, it was not annotated if this was with the prescribed medications or without. The guidelines also state that the use of opioids is not recommended over 16 weeks. There is also a lack of documentation of the frequency in the request for Lortab. Therefore, the request for Lortab 7.5/500 mg, #60 with 3 refills, is not medically necessary.

Lasix 20 mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Runyon BA Management of adult patients with ascites due to cirrhosis: update 2012. Alexandria (VA): American Association for the Study of Liver Diseases; 2013 Feb. 27 p.

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.rxlist.com/lasix-drug/patient-images-side-effects.htm#whatis>.

Decision rationale: The request for Lasix 20 gm with 3 refills is not medically necessary. According to RxList, Lasix (furosemide) is a diuretic (water pill) that prevents your body from absorbing too much salt, allowing the salt to instead be passed into your unit. Furosemide treats

fluid retention (edema) and people with congestive heart failure, liver disease, or a kidney disorder such as nephrotic syndrome. This medication is also used to treat high blood pressure (hypertension). In the clinical notes provided for review, it was annotated that the prescription of Lasix was provided by another medical doctor. There is also a lack of documentation of the injured worker having any cardiovascular or hypertension issues. There is also a lack of documentation of the injured worker's blood pressure status. Therefore, the request for Lasix 20 mg with 3 refills is not medically necessary.

Trazolam 0.25 mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The request for Triazolam 0.25 mg with 3 refills is not medically necessary. The California MTUS Guidelines state that benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In the clinical notes provided for review, the treatment plan did not include the request for refills of Triazolam 0.25 mg with 3 refills. It was also annotated that the injured worker reported stable functionality. It was also annotated that Triazolam 0.25 mg was prescribed by another medical doctor and the frequency was also not annotated in the request. Furthermore, there is a lack of evidence or rationale to support the request for Triazolam 0.25 mg with 3 refills. Therefore, the request for Triazolam 0.25 mg with 3 refills is not medically necessary.