

Case Number:	CM14-0030939		
Date Assigned:	06/20/2014	Date of Injury:	01/25/2007
Decision Date:	07/29/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 60 year old female who sustained an injury on 01/25/07. No specific mechanism of injury was noted. Rather this was a repetitive trauma injury which contributed to the development of low back and left elbow pain. Prior treatment included chiropractic therapy. The injured worker was also assessed with a non-industrial related fibromyalgia. Prior medication use included antidepressants. The injured worker was also seen for acupuncture therapy. The injured worker was followed by a pain management physician who recommended epidural steroid injections in the cervical spine. The injured worker was seen on 02/24/14 by another treating physician. This was a hand written report which was somewhat difficult to interpret due to handwriting copy quality. The injured worker had continuing complaints of neck pain radiating to the upper extremities. Physical examination noted tenderness in the bilateral trapezii. Recommendations were for aquatic therapy and epidural steroid injections. The requested transportation to and from medical appointments for six weeks and prescription for lorazepam .5mg was denied by utilization review on 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Request for transportation to and from medical appointments for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation.

Decision rationale: In regards to the requested transportation of the injured worker to and from appointments for 6 weeks, this reviewer would not have recommended this request as medically necessary. There is no specific discussion in the clinical records of transportation requirements. It is unclear whether the injured worker has no separate support for transportation to and from appointments. Without further information to support continuing transportation for the injured worker for her office visits, this reviewer would not have recommended this request as medically necessary.

1 Prescription for Lorazepam 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In regards to the use of Lorazepam .5mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. Furthermore, the request is non-specific in regards to the quantity, duration, and frequency of the medication. As such, this reviewer would not recommend this medication as medically necessary.