

Case Number:	CM14-0033067		
Date Assigned:	04/30/2014	Date of Injury:	04/11/1990
Decision Date:	07/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 61 year old male who reported an injury on 04/11/1990 due to an explosion. The progress note dated 01/16/2014 stated injured worker complaining of pain that is constant, shooting, stabbing, and throbbing; states that medications decrease the pain. Left wrist was wrapped, areas not completely covered have allodynia and pale skin, capillary refill intact but tender. The document submitted was lacking any diagnostic studies, physical therapy, or any type of rehabilitation. Diagnoses for the injured worker were generalized anxiety disorder and reflex sympathetic dystrophy of the upper limb. Current medications were oxycontin 40mg three tablets twice a day, clonazepam 2mg four times daily as needed, Norco 10/325mg two tablets four times daily. The treatment for the injured worker was to continue with current medications. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CLONAZEPAM 2MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Benzodiazepines.

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

Decision rationale: MTUS Guidelines state that benzodiazepines are not recommended for long term use. The guidelines also indicate limited use to 4 weeks. Chronic use of benzodiazepines are the treatment of choice in very few conditions. A more appropriate treatment for anxiety disorder is an antidepressant. The injured worker has a diagnosis of generalized anxiety disorder. The document submitted does not state how long the injured worker has been taking this medication. The document submitted does not report any trials of antidepressants. The request also does not state the quantity or frequency for taking this medication. Therefore, the request for Clonazepam 2mg is not medically necessary.

1 PRESCRIPTION OF NORCO 10/325MG #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Ongoing Management. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, On Going Management Page(s): 78.

Decision rationale: MTUS Guidelines state that for Opioid medication use, ongoing review and documentation of pain relief, functional status, appropriate use, and side effects should be reported. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The document submitted does not state how long the injured worker has been taking Norco 10/325mg. Also the document does not state any trials of other medications such as NSAID's or anticonvulsant (e.g., gabapentin), or physical therapy sessions. Diagnostic studies were not submitted in the document for review. The document submitted does not report any of the above. The request submitted does not state frequency of use. Therefore, the request for Norco 10/325mg quantity 200 is not medically necessary.