

Case Number:	CM14-0033162		
Date Assigned:	06/20/2014	Date of Injury:	10/01/1996
Decision Date:	08/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 58-year-old female who reported injury on 10/01/1996. The injured worker underwent a right carpal tunnel release in 1999. The mechanism of injury was cumulative trauma. The injured worker was noted to be utilizing opiates as of 08/2009. The injured worker was noted to be utilizing benzodiazepines as of 2011. The request was made for a medication refill on 02/14/2014 by [REDACTED] pharmacy for Triazolam and Lorazepam. There was no DWC Form, RFA, or PR2 submitted for the requested medication. The diagnoses included carpal tunnel syndrome, joint pain forearm, chronic pain, and causalgia of the upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 325 mg (unspecified/incomplete strength) #180: 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 Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective

decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2009. There was a lack of documentation of objective functional improvement and objective decrease in pain. There was a lack of documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency and a complete strength for the requested medication. Given the above, the request for Percocet 325 mg unspecified and complete strength #180 is not medically necessary.

Ativan (lorazepam) 2 mg #120: 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: The California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had been utilizing benzodiazepines since 2011. There was a lack of documentation of objective functional benefit to support ongoing use. There was a lack of documentation of exceptional factors to support ongoing use. Given the above, the request for Ativan (Lorazepam) 2 mg #120 is not medically necessary.

Triazolam 0.25mg #60: 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: The California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had been utilizing benzodiazepines since 2011. There was a lack of documentation of objective functional benefit to support ongoing use. There was a lack of documentation of exceptional factors to support ongoing use. Given the above, the request for Triazolam 0.25 mg #60 is not medically necessary.