

Case Number:	CM14-0034389		
Date Assigned:	06/20/2014	Date of Injury:	07/31/1998
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational Medicine 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 patient is a 65 year old female who was injured on 07/31/1998. The mechanism of injury is unknown. The patient underwent low back surgery in 1980, 1985, and 1989; cervical spine fusion twice in 2000 and 2006; bilateral carpal tunnel release in 2006; and right shoulder surgery twice in 2004 and 2005. Supplemental report dated 12/06/2013 indicates the patient continues to have symptoms of severe right thoracic outlet syndrome with associated problems of dizziness, headaches, and radiating pain in the upper extremity with weakness. On exam, there is tenderness with positive right contoclavicular abduction test with dense hypoesthesia in the right C8-T1 dermatome. She has positive Tinel over the right ulnar and radial nerve. Diagnoses are severe right thoracic outlet syndrome, left trochanteric bursitis. The treatment and plan included Nucynta 100 mg, Zantac 150 mg, Lunesta 30 mg, Cymbalta 60 mg, and Lorazepam 1 mg. Prior utilization review dated 02/18/2014 states the request for Zantac 150 mg p.o. bid #30, and Lorazepam 1 mg p.o. QHS #30 was not authorized as there was no report to support evidence of GI symptoms and there was no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg p.o. BID #30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This is a request for Zantac for a 65 year old female with GERD and date of injury of 7/31/98. The patient appears to be taking this medication on a chronic basis. MTUS guidelines recommend H2-receptor antagonists for those with or at risk of gastrointestinal symptoms due to NSAID use. However, the patient does appear to be taking NSAIDs. There is no discussion of the patient's GERD or response to this medication. Long-term use of Zantac for GERD is discouraged. Therefore, the request for Zantac 150mg p.o. BID #30 is not medically necessary.

Lorazepam 1 mg p.o. QHS #30: 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: This is a request for Lorazepam for a 65 year old female with chronic pain and date of injury of 7/31/98. The patient appears to be taking this medication on a chronic basis. However, MTUS guidelines do not recommend long-term use due to lack of demonstrated efficacy and risk of dependence. Medical records do not specifically address Lorazepam with regard to indication or response to treatment. Therefore, the request for Lorazepam 1mg p.o. QHS #30 is not medically necessary.