MAXIMUS Federal Services

Case Number:	CM14-0040244		
Date Assigned:	06/27/2014	Date of Injury:	12/06/2002
Decision Date:	10/01/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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:

There were 100 pages provided for this review. The application for independent medical review was signed on March 24, 2014. Per the records provided, the injured worker is a 50-year-old right-handed female special education assistant who sustained an accepted industrial injury to the neck, right shoulder and hand on December 6, 2002 while assisting a student to transfer from a wheelchair. There were multiple prior conservative treatments as well as surgeries. The treatment request was for Klonopin, Promethazine, lidocaine and Midrin. As of February 26, 2014 the right shoulder and right neck had pain after an accident occurred on January 29, 2014. There were severe headaches due to concussion and vomiting. The right arm and shoulder range of motion was lost. The patient was unable to sleep due to pain that was rated 10 out of 10. The patient was not documented with any subjective or objective documentation that supports the use of anxiolytic medicine. There is also no such documentation for nausea or vomiting, antibiotics and some of the other medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60 with 2 refills: 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 Pain section and Mental section, under Benzodiazepines.

Decision rationale: Regarding benzodiazepine medications, the Official Disability Guidelines (ODG) notes in the Pain section, not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed and the side effects are not discussed. Therefore, the request is not medically necessary.

Promethazine 25mg #60 with 6 refills: 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 (ODG) Pain section, under Promethazine and anti-emetics

Decision rationale: The MTUS was silent on this medicine. The Official Disability Guidelines (ODG) notes the medicine is Food and Drug Administration (FDA)-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use however, recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. Therefore, the request is considered not medically necessary.

Lidocaine 5% (700 mg) topical #30 with 3 refills: 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 Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 OF 127.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disordersother than post-herpetic neuralgia. Therefore, the request is not medically necessary.