

Case Number:	CM14-0045258		
Date Assigned:	06/30/2014	Date of Injury:	01/09/1997
Decision Date:	08/05/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology and is licensed to practice in Florida. 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 59-year-old female who reported injury on 01/09/1997. The injured worker's medication history included benzodiazepines, opiates, and muscle relaxants as of 2010. The mechanism of injury was picking up boxes. Prior treatments included physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, epidural injections, a home self exercise program, and narcotic medications, as well as chiropractic care. The documentation of 02/20/2014 revealed the injured worker had purchased a new mattress hoping to help her pain. It was indicated the injured worker needed a prescription for Valium and Ativan for her anxiety. The injured worker had pain in the right wrist with some swelling. The injured worker had tenderness along the cervical paraspinal muscles and trapezius bilaterally, as well as the shoulder girdle. The diagnoses included left shoulder impingement status post intervention with repeat MRI evidence of rotator cuff tear, discogenic cervical condition status post fusion with tightness and spasm, and it was indicated the injured worker had issues with sleep. The treatment plan included Tylenol No. 3, Valium 5 mg, and Lorazepam, as well as Protonix 20 mg Neurontin 600 mg, Topamax 50 mg, as well as Ativan 1 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits, #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: MTUS Guidelines recommend manual therapy for a total of up to 18 visits for the low back. The maximum duration is 8 weeks and at 8 weeks the injured worker should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain injured workers in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical documentation submitted for review indicated the injured worker had prior chiropractic sessions. There was a lack of documentation of objective functional benefit that was received. Additionally, the request as submitted failed to indicate the body part to be treated and the frequency. Given the above, the request is not medically necessary.

Valium 5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Guidelines do not recommend the use of benzodiazepines as a treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The documentation submitted for review indicated the injured worker had been utilizing the medication since 2010. There was a lack of documentation indicating a necessity for two medications in the same classification. There was a lack of documented efficacy for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drugs (NSAID) therapy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for an upset stomach. The duration of use could not be established through supplied documentation. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Topamax 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16.

Decision rationale: MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker was utilizing both Neurontin and Topamax. There was lack of documentation of 30% to 50% decrease in pain and documented objective functional benefit. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 antiepilepsy medications. Given the above, the request is not medically necessary.

Ativan 1mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 a treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The documentation submitted for review indicated the injured worker had been utilizing the medication since 2010. There was a lack of documentation indicating a necessity for two medications in the same classification. There was a lack of documented efficacy for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.