MAXIMUS Federal Services

Case Number:	CM14-0057151		
Date Assigned:	09/12/2014	Date of Injury:	09/15/2009
Decision Date:	10/14/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 15, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; opioid therapy; and muscle relaxants. In a Utilization Review Report dated April 3, 2014, the claims administrator partially certified a request for Lorazepam, denied a request for Omeprazole, denied a request for tramadol, partially certified a request for Norco, approved a request for Tizanidine, and conditionally denied a request for Flector patches. The applicant's attorney subsequently appealed. In a letter dated April 20, 2014, the applicant stated that ongoing usage of Lorazepam (Ativan) was ameliorating his ability to sleep. The applicant stated that ongoing usage of Norco had alleviated pain. The applicant did not expound upon either issue.In a progress note dated February 19, 2014, the applicant was reportedly using Ambien, tramadol, Naprosyn, Prilosec, Biotherm, Norco, and Ativan. The applicant was working, it was acknowledged. The applicant stated that his pain levels dropped from 6/10 without medications to 4/10 with medications. The applicant had various pain generators, including neck, shoulder, and low back, it was acknowledged. The applicant was asked to employ Lorazepam for anxiety and sleep purposes. It was stated in one section of the note that the applicant was using Ativan nightly while other sections of the note stated that Ativan was not to be used every night. The applicant was asked to employ omeprazole for gastric protective purposes. The applicant was 57 years old as of the date of the report, it was stated. The applicant was asked to employ tramadol and Norco for pain relief and employed Tizanidine for muscle relaxant effect. The applicant was given a Toradol shot and asked to continue a lumbar support. A 30-pound permanent lifting limitation was renewed. The attending provider did suggest that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg HS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics such as Lorazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant is intent on using Lorazepam or Ativan for chronic, long-term, and scheduled-use purposes, for anxiolytic and sedative effect purposes. This is not an ACOEM-endorsed role for Lorazepam. The attending provider did not proffer any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Omeprazole 20mg QD #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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The attending provider indicated that he was intent on employing omeprazole for gastric protective effect as opposed to for actual symptoms of reflux. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events include those applicants who are aged 65 years of age and are using NSAIDs, applicants who have a history of peptic ulcer disease and/or GI bleeding, applicants who are concurrently using multiple NSAIDs, and/or applicants who are using NSAIDs in conjunction with corticosteroids. In this case, however, the applicant was 57 years of age (less than 65) as of the date of the Utilization Review Report. The applicant is only using one NSAID, Naprosyn. The applicant is not using any corticosteroids. Prophylactic usage of omeprazole does not, consequently, appear to be indicated here. Therefore, the request is not medically necessary.

Tramadol 50mg 1 or 2 QID #200: Overturned

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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has reported reduction in pain levels from 6/10 without medications to 4/10 with medications. The applicant has apparently returned to and maintained successful return to work status at [redacted], reportedly achieved, in part, with ongoing medication usage. Continuing tramadol, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Hydrocodone/APAP 5/325mg q4-6h prn #30: Overturned

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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly returned to and is maintaining successful return to work status as a power equipment operator at [redacted]. The applicant's pain levels have been appropriately reduced with ongoing medication consumption, including ongoing Norco consumption. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Fletcher patch #30 one daily to be applied to area of pain: 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 Topical Flector/diclofenac Page(s): 112.

Decision rationale: Flector is a derivative of Diclofenac/Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Flector/Diclofenac/Voltaren has "not been evaluated" for treatment involving the spine and/or shoulder, i.e., the primary pain generators here. The applicant's primary pain generators are the right shoulder, lumbar spine, and the cervical spine, body parts for which Diclofenac/Voltaren/Flector has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.