

Case Number:	CM14-0058574		
Date Assigned:	07/16/2014	Date of Injury:	10/19/2004
Decision Date:	09/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 a filed a claim for chronic hand, shoulder, and elbow pain reportedly associated with an industrial injury of October 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; blood pressure lowering medications; and adjuvant medications. In a utilization review report dated April 23, 2014, the claims administrator approved a request for gabapentin, approved a request for Norco, partially certified a request for Soma, apparently for weaning purposes. Denied a request for lisinopril-hydrochlorothiazide, denied a request for an albuterol inhaler, denied an ergonomic work evaluation per the claims administrator, invoked non-MTUS ODG Guidelines to deny Soma, invoked non-MTUS ODG Guidelines to deny ergonomic evaluation, and employ non-MTUS Guidelines to deny the albuterol inhaler. The applicant's attorney subsequently appealed. On January 30, 2014, the applicant presented with persistent complaints of pain. The applicant was apparently not working but expressed concerns about being evicted from her home if she failed to return to work. A shoulder surgery consultation and hand and upper extremity surgery consultation were sought. The applicant was given prescriptions for Norco, an albuterol inhaler, unspecified transdermal medications, and Soma. The applicant was returned to work on a trial basis, it was suggested. There was no discussion on medication efficacy, however. It was not stated whether or not the medications in question were first time request or renewal request. In an earlier note of December 9, 2013, the applicant reported heightened complaints of shoulder and foot pain. The applicant was asked to obtain shoulder MRI and extracorporeal shockwave therapy. MRI of the multiple body parts, Norco, albuterol, gabapentin, Soma, and Keflex were sought while the applicant was placed off of work, on this occasion. It was stated that the applicant had asthma on several occasions; however, the attending provider did not state how (or

if) albuterol had proven beneficial here. The attending provider did write on December 19, 2013 and March 30, 2014 that he believed ongoing pain medication usage would enhance pain relief, help restore function, and ameliorate the applicant's ability to perform activities of daily living. On January 30, 2014, the attending provider stated that he had instructed the applicant how to perform home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril/HCTZ 20/25MG #30 With 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Lisinopril and <http://www.drugs.com/hctz.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zestoretic Medication Guide.

Decision rationale: While the MTUS does not superficially address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that, "An attending provider employing a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage." The Food and Drug Administration (FDA) notes that lisinopril-hydrochlorothiazide is indicated in the treatment of hypertension, to lower blood pressure. In this case, however, the attending provider did not specifically establish a diagnosis of hypertension for which ongoing usage of lisinopril-hydrochlorothiazide would be appropriate. The attending provider not explicitly list hypertension as one of the operating diagnoses in progress notes of December 9, 2013 and/or January 30, 2014. No rationale for selection and/or ongoing usage of lisinopril was furnished by the attending provider. Accordingly, the request was not medically necessary.

Albuterol Inhaler With 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult; Albuterol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Albuterol Medication Guide.

Decision rationale: While the MTUS do not specifically address the topic, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. While the Food and Drug Administration of (FDA) endorses some usage of albuterol or Pro-Air inhaler in the treatment of bronchospasm/asthma, the attending provider simply refilled the medication in question on multiple occasions, referenced above, without any discussion of medication efficacy. The attending provider did not state whether ongoing usage of albuterol had proven to be at all beneficial. The applicant's response to albuterol was not detailed or discussed in any of the progress notes provided. Therefore, the request was not medically necessary.

Ergonomic Work Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Education. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation Elbow Procedure Summary 4/22/2005.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 262, the employer's role in accommodating activity limitations and preventing further problems through ergonomic changes is key to hastening the applicant's return to full activity. ACOEM goes on to note that it may be desirable in some cases to conduct a detailed ergonomic analysis of activities that may be contributing to an applicant's symptoms. In this case, the applicant has apparently expressed some concerns about ergonomic positioning as being the possible source of her ongoing hand and wrist symptoms. The applicant is apparently returning to the workplace and/or has already done so, the attending provider posited on a recent progress note. Provision of an ergonomic work evaluation is therefore indicated. Accordingly, the request is medically necessary.

Soma 350mg #30 With Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, "Carisoprodol or Soma is not recommended for chronic or long term use purposes, particularly when employed in conjunction with opioid agents." In this case, the applicant is, in fact, concurrently employing at least one opioid agent, Norco. Adding Carisoprodol or Soma to the mix is not recommended, particularly in the form of the 30-tablet two refill supply proposed by the attending provider. Therefore, the request is not medically necessary.

