

Case Number:	CM14-0061231		
Date Assigned:	08/08/2014	Date of Injury:	02/11/2012
Decision Date:	09/15/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Practice 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 claimant is a 53 yr. old female who sustained a work injury on 2/11/12 involving the neck, back and hips. She was diagnosed with chronic hip pain due to a left acetabular fracture, left carpal tunnel syndrome, bilateral shoulder tendonopathy and osteoporosis. A progress note on 3/27/14 indicated the claimant had continued 7/10 neck pain. She found Toradol trigger point injections very helpful. Physical findings were notable for diffuse tenderness in the lumbar paraspinal muscles, positive straight leg raise finding on both sides and limited range of motion of the lumbar spine. There is pain on the left greater trochanter mid femur. The hip range of motion was reduced. The treating physician requested Gabapentin 300 mg twice a day for pain, her urine toxicology screen to monitor her being weaned off Hydrocodone, an orthopedic consultation regarding her wrist, hand and shoulder symptoms, bilateral carpal tunnel wrist brace and another Toradol injection. In addition, a request was made to continue Ativan for chronic depression and anxiety which she had been taking for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Benzodiazepine and pg 24 Page(s): 24.

Decision rationale: Ativan is a Benzodiazepine. It is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Based on long-term use of Ativan the continued use is not medically necessary.

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Gabapentin and pg 49 Page(s): 49.

Decision rationale: According to the MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Other indications for its use include: spinal cord injury, CR PS, fibromyalgia and as a trial for lumbar spinal stenosis. In this case the claimant does not have neuropathy due to diabetes or postherpetic symptoms. Other indications are not medically necessary and therefore the use of Gabapentin for this claimant is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist referral and pg 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case the claimant had very specific diagnoses which were consistent with physical findings. The need for an orthopedic surgeon is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Urine toxicology and pg 83-91 Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Bilateral carpal tunnel wrist braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: According to the ACOEM guidelines, neutral wrist splints may be necessary in the case of acute symptoms of carpal tunnel syndrome or fractures. In this case, the claimant had symptoms for over 2 years. Short -term use of a brace may be considered, however, the length of use was not identified. As a result, the request above is not medically necessary.

Toradol injection 30mg: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Intrarticular.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request for an additional Toradol injection is not medically necessary.