

Case Number:	CM14-0079489		
Date Assigned:	07/18/2014	Date of Injury:	10/01/1997
Decision Date:	10/01/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 53 year old female who was injured on 10/01/97. Mechanism of injury is undisclosed. Current diagnoses include cervical facet syndrome status post radiofrequency with persistent neck pain and headaches; left and right shoulder inflammation with rotator cuff tear bilaterally; bilateral carpal tunnel syndrome, treated conservatively; medial epicondylitis and ulnar nerve involvement status post release and transfusion of ulnar nerves and epicondylar release; ulnar collateral ligament repair with injury to the right thumb status post repair; and sleep issues. Clinical note dated 05/21/14 indicated the injured worker has shooting pain on the arm, is taking easy chores around the house, and has limitation with reaching overhead activities. The injured worker is waiting for approval of her left shoulder surgery. Clinical documentation indicated the injured worker has limitation with reaching, gripping, grasping, torqueing and working at above the shoulder level, pushing, pulling and lifting. Physical examination revealed tenderness along the rotator cuff and abduction of 90 degrees. Medications include Zofran 10mg, Ativan 1mg, Cymbalta 30mg, and Lunesta 3mg. The previous requests for Ativan 1mg, Lunesta 3mg, Zofran 8 mg, Norco, Flexeril 7.5mg were non-certified on 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg, QTY: 60: 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), online version, Pain (Chronic), Benzodiazepines

Decision rationale: As per Official Disability Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is the risk of psychological and physical dependence or frank addiction. Current guidelines recommend authorization for continued use after one-month period and should include specific necessity as well as documentation of efficacy of the ongoing use of the medication. As such, the request for Ativan 1mg tab #60 is not medically necessary.

Lunesta 3 mg, QTY: 30: 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, Eszopicolone

Decision rationale: As per Official Disability Guidances, Eszopicolone (Lunesta) is not recommended for long-term use, but recommended for short term use. Current studies recommend use of hypnotics be limited to 3 weeks maximum in the first 2 months of injury and discourage use in the chronic phase. The patient has exceeded the recommended treatment window. As such, the request for Lunesta 3mg #30 is not medically necessary.

Zofran 8 mg, QTY: 30: 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), online version Pain (Chronic) Antiemetics (for opioid use)

Decision rationale: As per Official Disability Guidelines, anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is approved by the US Food and Drug Administration for nausea and vomiting secondary to chemotherapy and radiation treatment, as well as for post-operative use. Clinical documentation does not indicate any of the above conditions in this patient. As such, the request for Zofran 8mg # 30 is not medically necessary.

Norco, QTY: 15: 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 Use of Opioids, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no indication in the clinical documentation provided for review that the injured worker is using Norco for pain medication. The dosage for Norco was also not provided for review. As such, the request for Norco #15 is not medically necessary.

Flexeril 7.5 mg, QTY: 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 Muscle Relaxants (for Pain) Page(s): 63.

Decision rationale: As per MTUS Guidelines, non-sedating muscle relaxants are recommended as a second-line option for short term treatment of acute exacerbations in patients with chronic pain. Cyclobenzaprine, like Flexeril, are recommended as an option for short term use. Authorization for continued use, after a one-month period, should include the specific necessity for ongoing use as well as documentation of efficacy. There is no discussion in the clinical notes regarding the indications or the projected duration for its use at the time of the initial prescription. Furthermore, the clinical notes do not address the ongoing psychological benefits received from the ongoing use of the Flexeril. As such, the continued prescribing of Flexeril 7.5mg # 60 is not medically necessary.