

Case Number:	CM14-0087346		
Date Assigned:	07/23/2014	Date of Injury:	12/01/2010
Decision Date:	09/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 injured worker is a 55 year old male injured on 12/12/10 due to a fall from a ladder resulting in injury to the neck, back, left shoulder, left scapula, and left rib cage area. The clinical note dated 07/23/14 indicated the injured worker presented complaining of frequent and painful migraines, ringing in the left ear, neck pain, left shoulder pain, and scapula pain. The injured worker also complained of upper back pain requiring recent evaluation in the emergency department with lower back pain. Diagnoses include lumbosacral neuritis, brachial neuritis, encephalopathy, and lack of libido. Objective findings include tenderness to lumbar and thoracic spine, right side greater than left. Treatment plan included continuation of medications, trazadone, docusate, sumatriptan, lorazepam and Percocet. Also noted intent for pain management physician for P-stim and detoxification. The initial request for Morphine ER 15mg #60 and Lorazepam 1mg #30 was initially non-certified on 05/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for 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 clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Morphine ER 15mg #60 cannot be recommended as medically necessary at this time.

Lorazepam 1mg #30: 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: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such the request for lorazepam 1mg #30 cannot be recommended as medically necessary at this time.