

Case Number:	CM14-0118452		
Date Assigned:	08/06/2014	Date of Injury:	06/02/2011
Decision Date:	03/30/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 who reported an injury on 06/02/2011. The injured worker reportedly suffered a low back strain while carrying a ladder. The current diagnoses include sprain/strain of the left shoulder with impingement syndrome, status post arthroscopic surgery to the left shoulder, sprain of the left wrist, TFCC abnormality on the left, musculoligamentous strain, lumbar disc bulge, left knee strain, status post arthroscopic surgery to the left knee, post-traumatic bilateral patellofemoral syndrome, and status post nonindustrial right knee injury with ACL reconstruction. The latest physician progress report submitted for review is an Agreed Medical Evaluation on 03/09/2012. Previous conservative treatment includes cortisone injection, acupuncture and physical therapy. The injured worker presented with complaints of constant pain in the left shoulder, left wrist, right hand, low back, and bilateral knees. The current medication regimen includes Percocet, Ativan, Soma, Temodar, and Lexapro. Upon examination, there was diminished capacity to squat as it related to the knees, limited lumbar range of motion, positive straight leg raising, tenderness to palpation, full range of motion of the cervical spine, full range of motion of the thoracic spine, limited range of motion of the left shoulder, positive impingement testing, normal range of motion of the bilateral elbows, tenderness to palpation over the left wrist, normal range of motion of the bilateral wrists, normal range of motion of the bilateral hips and knees, crepitus with mobility of the bilateral knees, slight quadriceps weakness bilaterally. The injured worker was noted to be permanent and stationary. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no recent physician progress report submitted for this review. There was no indication that this injured worker is currently utilizing Percocet 10/325 mg. Current urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Lorazepam (Ativan) one (1) mg #120: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. There is no indication that this injured worker is currently utilizing Ativan 1 mg. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Nuvigil 250 mg#90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Armodafinil (Nuvigil).

Decision rationale: The Official Disability Guidelines do not recommend Nuvigil to solely counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by

narcolepsy or shift work sleep disorder. The injured worker does not maintain either of the above mentioned diagnoses. There is no indication that this injured worker is currently utilizing Nuvigil 250 mg. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.