

Case Number:	CM14-0187002		
Date Assigned:	11/17/2014	Date of Injury:	01/21/2012
Decision Date:	01/12/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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 Utah. 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 patient is a now 53 year-old female. The patient's date of injury is 1/21/2012. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with cervical sprain, cervical disc displacement, right shoulder internal derangement, hypertension, gastritis, insomnia and psychiatric basis. The patient's treatments have included injections, imaging studies, and medications. The physical exam findings dated 9/22/2014 show the patient is alert and oriented x 3, with no apparent distress, with pupils equal to light reactive, no other objective findings. Exam of 5/21/2014 shows pain in cervical musculature, severe pain in Range of motion, and decrease sensation in the bilateral upper extremity. The patient's medications have included, but are not limited to, Valium, Flexeril, Lisinopril, and Zofran. It is unclear how long these medications have been used for and what the outcomes of them are.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg QD for 2 months #60: 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: MTUS, Chronic Pain Medical Treatment Guideline were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the MTUS 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the clinical documentation provided and current MTUS guidelines; the Valium, as noted above, is not indicated a medical necessity to the patient at this time.

Flexeril 7.5 mg BID for 2 months #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: MTUS guidelines state the following: Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Flexeril requested is not being used for short term therapy. The clinical documents lack clear evidence of muscle spasm that would require a muscle relaxant at this time. Following guidelines as listed above, there is no indication for the use of Flexeril. Therefore the request is not medically necessary.

Lisinopril 20/25 QD for 1 month #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lisinopril. The clinical documents state that the patient has a diagnosis of hypertension, but the clinical documents are lacking as far as control or previously tried and/or failed therapies. There is insufficient information to establish the medical necessity of the blood pressure medication at this time. According to the clinical documentation provided and current MTUS guidelines; Lisinopril is not indicated as a medically necessary.

Zofran 8 mg BID for 20 days #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com, Zofran

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ondansetron. Guidelines state the following: prevention of nausea and vomiting associated with high emetogenic cancer chemotherapy. It has not been established for treatment of medications induced nausea. According to the clinical documentation provided and current guidelines; Ondansetron is not indicated as a medical necessity.