

Case Number:	CM14-0187717		
Date Assigned:	11/18/2014	Date of Injury:	11/21/2006
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 Emergency 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 53-year-old female with a reported date of injury of 11/21/2006. The mechanism of injury involved cumulative trauma. The current diagnoses include right carpal tunnel syndrome, status post right carpal tunnel release, left carpal tunnel syndrome, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. The injured worker presented on 10/27/2014 with complaints of hand pain, left arm pain, and right arm pain. The current medication regimen includes Ambien 10 mg, Flexeril 10 mg, Valium 10 mg, Lexapro 10 mg, medroxyprogesterone 2.5 mg, Norvasc 5 mg, and Vicodin 5/300 mg. Previous conservative treatment is also noted to include rest, physical therapy, acupuncture, and H-wave stimulation. The injured worker maintains a past medical history of hypertension and prediabetes. The physical examination on that date was not provided. The injured worker's vital signs were noted to be stable with a blood pressure of 120/70 and a heart rate of 76. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Norvasc 5mg: 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), Diabetes (Type 1, 2, and Gestational)/Hypertension Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Hypertension treatment

Decision rationale: The Official Disability Guidelines (ODG) recommends hypertension treatment after lifestyle modification with diet and exercise. Norvasc is a first line, second edition calcium channel blocker. As per the documentation submitted, there is no indication that this injured worker suffers from chronic hypertension, unresponsive to lifestyle modifications with diet and exercise. The medical necessity for the requested medication has not been established. There is also no frequency or quantity listed in the current request. As such, the request is not medically appropriate.

1 month supply of Ambien 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment

Decision rationale: The Official Disability Guidelines (ODG) recommends insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. There is no evidence of a failure of non-pharmacologic treatment prior to the initiation of a prescription product. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.

1 month supply of Medroxyprogesterone 2.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 Dec 2014.

Decision rationale: According to the U.S. National Library of Medicine, Medroxyprogesterone is used to treat abnormal menstruation or irregular vaginal bleeding. It is also used to bring on a normal menstrual cycle in women who menstruated normally in the past; however, have not menstruated for at least 6 months and who are not pregnant or undergoing menopause. The medical necessity for the requested medication has not been established. The injured worker does not maintain a diagnosis of abnormal menstruation. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.

1 month supply of Lexapro: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines state selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The injured worker has continuously utilized this medication for an unknown duration. Although the injured worker does maintain a diagnosis of mood disorder, there is no documentation of a psychological examination. The strength, frequency, and quantity are not listed. Therefore, the request is not medically appropriate.