

Case Number:	CM14-0208127		
Date Assigned:	12/22/2014	Date of Injury:	07/29/2004
Decision Date:	02/17/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/12/2014

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 Occupational 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 was injured at work on 7/29/04; mechanism of injury is not reported. He is status post right below the knee amputation on 9/7/11. According to 9/24/14 clinic note he reported 4/10 upper extremity pain, 4/10 left knee pain and right 6/10 right lower extremity pain. Diagnoses include right foot crush with CRPS, left shoulder impingement, left lateral epicondylitis. Orthopedic follow-up on 10/22/14 the patient reported again complaints of pain at the stump which is 6/10 and left hip stabbing pain 5/10. On physical exam the right lower extremity is tender and there is knee pain to the bilateral knee joint. Trigger point injection of kenalog and lidocaine was effective. Orthopedic follow-up on 11/19/14 the patient reports ongoing pain to the lower back and right lower extremity with difficulty with examination and gait. Revision of amputation stump is still pending. The leg is still numb along the lateral aspect and cold to the medial side. On physical exam he walks with an antalgic gait. Diagnoses include status post right foot crush with CRPS and spinal cord stimulator. He also has left shoulder impingement and left lateral epicondylitis. Plan at that time is to renew Norco 10/325mg as needed for severe pain, Lyrica, Flexeril and Viagra. The most recent clinic note from his psychiatrist is provided was from 11/20/14 at which time the treating provider states that the patient has ongoing pain and continues to benefit from his antidepressant medication and has ongoing insomnia, anxiety and depression despite ongoing use of Ativan. He has a depressed affect. Plan is to continue treatment with Wellbutrin 300mg for depression, Ambien 10mg 4-5 nights per week to help him sleep, Ativan 2mg for anxiety. Lexapro 10mg is added to his regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #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: According to the MTUS guidelines, benzodiazepines such as the above medication is 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 week." Additionally, the guidelines state that "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety". The patient has been on this specific benzodiazepine medication for much longer than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time.

Omeprazole 20mg #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time.