

Case Number:	CM15-0000157		
Date Assigned:	01/09/2015	Date of Injury:	01/06/2004
Decision Date:	03/09/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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: Massachusetts

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 62 year old female who sustained an industrial injury on January 6, 2004. She has reported lower back pain with radicular symptoms into the right and left leg and has been diagnosed with status post cervical spine fusion C5-C6 and C6-C7, 2006, status post right total hip arthroplasty, right wrist carpal tunnel syndrome, positive NCV, right elbow, cubital tunnel syndrome, positive NCV, and herniated lumbar disc with radiculitis/radiculopathy. Treatment to date has included surgery, endocet, relafan, ativan, prilosec, and cortisone injection of the right thumb. Currently the injured worker complains of pain in the lower back radiating in the right and left leg and pain and numbness in the right thumb with locking with flexion. The treating physicians treatment plan included ultrasound guided injection for the right thumb and medications. On December 18, 2014 Utilization Review modified Ativan 1 mg # 90 noting the MTUS guideline recommendations. Endocet 10/325 mg #120 and Prilosec 20 mg # 60 was non certified noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): 24.

Decision rationale: The claimant is more than 10 years status post work-related injury with treatments including a cervical spine fusion. Medications include Ativan being prescribed on a long-term basis. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Ativan (lorazepam) is not medically necessary.

Endocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing,.

Decision rationale: The claimant is more than 10 years status post work-related injury with treatments including a cervical spine fusion. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Endocet (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Endocet was medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than 10 years status post work-related injury with treatments including a cervical spine fusion. Medications include Relafen 500 mg two times per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under

age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal antiinflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal antiinflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed.