

Case Number:	CM15-0102262		
Date Assigned:	06/04/2015	Date of Injury:	06/06/2010
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 06/06/2010 secondary to a Ditch Witch that resulted in major multiple traumas which included left leg femur fracture and severing of quadriceps musculature, right leg injury and loss of the left index finger. the injured worker underwent an above the knee amputation of the right leg. On provider visit dated 05/08/2015 the injured worker has reported being severely depressed with suicidal ideation. He was expressing anxiety over this condition. He was noted to have phantom pain, neuropathic pain, chronic pain and amputation. The injured worker complained of bilateral hip pain, phantom pain, abdominal pain and numbness and burning and vomiting with excessive use of the spinal cord stimulator. On examination he was noted to have hypersensitive to touch in his right above the knee amputation, his left leg is swollen on the lateral aspect with tenderness to palpation all the way to the insertion of the hamstring. Mid-thigh area was boggy and tender. Bony palpation distally increases pain in the thigh area. Pain with of leg movement and worsens with rotational activities. He was also noted to have phantom pain in his right above the knee amputation. The diagnoses have included above the knee amputation with phantom pain. Left hand index finer amputation with chronic phantom pain, chronic pain syndrome, depression and anxiety. Treatment to date has included home health aide, TENS unit, prosthetic system and medication: Wellbutrin, Cymbalta, and Lyrica. The provider requested Ativan and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Ativan (Lorazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Ativan/Clonazepam also is used to prevent certain types of seizures. Ativan/Lorazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Ativan / Lorazepam's continued use for this chronic injury nor is there documented functional efficacy from treatment already rendered. The Ativan 1mg #40 is not medically necessary and appropriate.

Lyrica (quantity and dose unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe significant pain level and remains functionally unchanged for this chronic injury. Submitted medical report has not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic of unknown quantity or dose. The Lyrica (quantity and dose unknown) is not medically necessary and appropriate.