

Case Number:	CM15-0132588		
Date Assigned:	07/20/2015	Date of Injury:	09/25/2009
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 year old male, who sustained an industrial injury on September 25, 2009, incurring left knee and ankle injuries after a slip and fall on a wet floor. She was diagnosed with lumbar disc disease, lumbar radiculopathy, ankle sprain, tarsal tunnel syndrome, and neuropathy. Treatment included topical analgesic patches, pain medications, neuropathic medications, and activity restrictions. Currently, the injured worker complained of continued low back pain radiating into the leg and into her foot. She was noted to have balance and feelings of instability when walking. She was diagnosed with Reflex sympathetic dystrophy and chronic regional pain syndrome. The treatment plan that was requested for authorization included prescriptions for retrospective Naproxen and retrospective Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg quantity 60 DOS 4-24-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in September 2009 and continues to be treated for radiating low back and left knee and ankle pain after a slip and fall accident. When seen, she was having hip and ankle pain. There was pain and subtalar joint and ankle stiffness. Physical examination findings included crepitus and edema. Diagnoses included CRPS. Ongoing treatments have included nerve blocks and medications. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and medically necessary.

Retrospective Lorazepam 1mg quantity 30 DOS 5-20-15: Upheld

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

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

Decision rationale: The claimant sustained a work injury in September 2009 and continues to be treated for radiating low back and left knee and ankle pain after a slip and fall accident. When seen, she was having hip and ankle pain. There was pain and subtalar joint and ankle stiffness. Physical examination findings included crepitus and edema. Diagnoses included CRPS. Ongoing treatments have included nerve blocks and medications. Lorazepam is a benzodiazepine, which is 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. Tolerance to muscle relaxant effects occurs within weeks. Gradual weaning is recommended for long-term users. There are other medications and non-pharmacological treatments that would be more appropriate in the treatment of the claimant's condition and there was no indication in the records submitted as to why or even whether it was intended to be prescribed. The request was not medically necessary.