

Case Number:	CM15-0193302		
Date Assigned:	10/07/2015	Date of Injury:	09/01/2003
Decision Date:	11/13/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female, who sustained an industrial injury on 9-1-03. She is diagnosed with neuralgia, neuritis and radiculitis, cervical spine stenosis and rotator cuff syndrome. Her work status is temporary total disability. Notes dated 5-30-15 - 8-22-15 reveals the injured worker presented with complaints of moderate neck and bilateral shoulder pain that radiated down her arms and hands. Physical examinations dated 5-30-15 - 8-22-15 revealed bilateral upper extremity radiculitis, decreased range of motion and focal tenderness and decreased sensation bilaterally at C5-T1. Pain is noted in the bilateral upper extremities, diffuse moderate pain on palpation at the acromioclavicular joint and humeral acromioclavicular. There is cervical pain with compression and shoulder depression. Her pain is rated at 2-6 out of 10. Her medication regimen includes; Norco (for at least 8 months), Ibuprofen and Lorazepam (for at least 8 months) reduce her pain per note dated 8-22-15. Diagnostic studies to date have included x-rays and MRI. A request for authorization dated 8-22-15 for Norco 10-325 mg #195 is modified to #132, Lorazepam 1 mg #110 and 1 liver panel test is denied, per Utilization Review letter dated 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #195: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/22/15. The criteria in the guidelines have not been met and therefore the request is not medically necessary.

Lorazepam 1mg #110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "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 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case the documentation demonstrates the injured worker has been taking Lorazepam since for at least 8 months. This exceeds the recommended duration of treatment. Therefore the request for Xanax is not medically necessary and is not certified.

Lab Blood: Liver Panel Test #1: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: Both the CA MTUS and ODG are silent specifically on obtaining liver panel test. Therefore other guidelines were referenced regarding obtaining laboratory test. The ODG- TWC low back section was therefore referenced. Pre-op lab testing is recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. In this case the documentation submitted for review does not provide any indication to support the necessity of impaired liver function or hepatotoxic medications to warrant a liver panel test. Therefore, according to the guidelines, the request is not medically necessary.