

Case Number:	CM15-0200008		
Date Assigned:	10/15/2015	Date of Injury:	08/20/2002
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/12/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male with a date of injury on 8-20-02. A review of the medical records indicates that the injured worker is undergoing treatment for chronic shoulder pain. Progress report dated 7-9-15 reports continued complaints of ongoing right shoulder pain. He reports he can't do anything with the right shoulder. He has been using the TENS unit and is getting Norco, Gabapentin and Lorazepam. Objective findings: no negative effects of the medication today. He has decreased motion in right arm, he holds his arm to his side on the right. Treatments include: medication, physical therapy, TENS, E-stim, H-wave and biofreeze. According to the medical records he has been taking Norco and Lorazepam since at least 4-9-15. Request for authorization was made for Norco 10-325 mg quantity 180 no refills, Gabapentin 600 mg quantity 120 no refills, and Lorazepam 1 mg quantity 90 no refills, Utilization review is dated 9-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with no refills (Prescription 09/03/2015): Upheld

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

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

Decision rationale: The request is for ongoing use of Norco, an opioid analgesic used for neuropathic pain. In this case, there is no documentation of functional benefits or improvement with the ongoing use of Norco. There is no documentation of a VAS pain scale both with and without medication. No recent opioid risk assessment regarding possible dependence or diversion is available for review. Therefore, the efficacy of Norco based on pain relief and functional improvement is not established and the request is not medically necessary or appropriate.

Gabapentin 600mg #120 with no refills (Prescription 09/03/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: CA MTUS Guidelines state that Gabapentin is an anticonvulsant medication that is also a first-line agent for neuropathic pain. In this case, the clinical documentation submitted fails to establish the objective findings consistent with neuropathic pain. Therefore, the request for Gabapentin is not medically necessary or appropriate.

Lorazepam 1mg #90 with no refills (Prescription 09/03/2015): 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: Lorazepam is a benzodiazepine that is recommended for short-term use in cases of anxiety. It is not recommended for long-term use due to lack of proven efficacy with long-term use and risk of dependency. Most guidelines limit the use of benzodiazepines to 4 weeks. Chronic benzodiazepines are the drug of choice in very few medical conditions. Tolerance develops rapidly and long-term use may actually increase anxiety. Antidepressants are more appropriate treatment for anxiety as they can be taken safely on a long-term basis. This patient has exceeded the four-week recommendation for usage; therefore the request is not medically necessary or appropriate.