

Case Number:	CM15-0025248		
Date Assigned:	02/17/2015	Date of Injury:	02/11/2012
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/10/2015

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 54 year old female who sustained an industrial related injury on 2/11/12. The injured worker had complaints of cervical spine, bilateral wrist, and bilateral upper extremity pain. Diagnoses included congenital bilateral hip dysplasia, status post left acetabular fracture, chronic left hip pain, chronic stasis dermatitis, left carpal tunnel syndrome, bilateral shoulder tendinopathy, obesity, osteoporosis, diabetes, and depression. Treatment included trigger point injections for back pain on 9/25/14 which reduced pain by 40% temporarily. The treating physician requested authorization for Ativan 1mg, MRI of the right thumb and hand, and Gabapentin 300mg #90. Regarding Ativan, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted benzodiazepines are not recommended for long term use. The medical records indicate Ativan was being used on a long term basis. Therefore the request was non-certified. Regarding the MRI, the UR physician cited the MTUS and Official Disability Guidelines. The UR physician noted the submitted records show no evidence of plain radiographs. The guidelines indicate that plain films should be performed and evaluated prior to consideration for a MRI. Therefore the request was non-certified. Regarding Gabapentin, the UR physician cited the MTUS guidelines and noted the medical records did not demonstrate benefit from use of this medication. Therefore the request was modified to a quantity of 68 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg (unknown quantity/dosage/duration): 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(s): 24.

Decision rationale: This patient presents with chronic cervical, lumbar and right hand pain. The current request is for ATIVAN 1MG (UNKNOWN QUANTITY/DOSAGE/DURATION). The MTUS Guidelines page 24 has the following regarding benzodiazepines, Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Review of the medical file indicates the patient has been prescribed Ativan since 7/31/14. MTUS Guidelines are clear on long-term use of benzodiazepines and recommends maximum use of 4 weeks due to unproven efficacy and risk of dependence. Given this medication has been prescribed for long term use, recommendation for further use cannot be made. This request IS NOT medically necessary.

MRI of the right thumb and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability guidelines hands/wrists chapter, MRI.

Decision rationale: This patient presents with chronic cervical, lumbar and bilateral wrist pain. The current request is for MRI OF THE RIGHT THUMB AND HAND. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations, for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6-week period of conservative and observation. Given the patient's chronic condition, ODG Guidelines are consulted. For MRI of the hands/wrists, ODG Guidelines recommends magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. The treating physician is requesting an MRI of the right thumb and hand to rule out osteoarthritis. In this case, there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbock's disease to warrant an MRI of the hands/wrists. This request IS NOT medically necessary.

Gabapentin 300mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) GABAPENTIN Page(s): 18-19.

Decision rationale: This patient presents with chronic cervical, lumbar and bilateral wrist pain. The current request is for GABAPENTIN 300MG #90. The MTUS Guidelines has the following regarding gabapentin on pages 18 and 19, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as the first-line treatment for neuropathic pain. Review of the medical file indicates that this patient has been prescribed gabapentin since 7/31/14. In this case, the patient presents with some radicular symptoms in the upper extremities; however, there is no assessment of pain or function to determine if Gabapentin is effective. Given the lack of discussion regarding the efficacy of Gabapentin, recommendation for further use cannot be made. This request IS NOT medically necessary.