MAXIMUS Federal Services

Case Number:	CM15-0052082		
Date Assigned:	03/25/2015	Date of Injury:	08/05/2003
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 57-year-old female who reported an injury on 08/05/2003. The mechanism of injury involved a fall. The current diagnoses include impingement syndrome of the right shoulder, status post right shoulder decompression with distal clavicle excision, carpal tunnel syndrome bilaterally, status post decompression of the carpal tunnel, wrist inflammation on the right, status post right wrist arthroscopy, wrist joint inflammation on the left, CMC joint inflammation on the left, trochanteric bursitis on the right, discogenic lumbar condition with radiculitis, internal derangement of the right knee, status post right knee arthroscopy times 2, internal derangement of the left knee, and chronic pain with elements of depression, sleep disorder, anxiety, and weight gain. The injured worker presented on 02/11/2015 for a follow up evaluation with complaints of persistent pain over multiple areas of the body. The injured worker also reported a weight gain of over 100 pounds. The injured worker utilized a cane for ambulation assistance. A previous request for a walker and an electronic scooter had not been authorized. The injured worker also utilized a DonJoy brace on the right. Previous conservative treatment also includes TENS therapy, lumbar support, and cortisone injections. Upon examination, there was tenderness along the bilateral knees, 120 degree knee extension on the right, 180 degree knee extension on the left, 90 degree flexion on the left, 135 degree flexion on the right, positive compression test on the right, positive patellar tilt test bilaterally, 50 degree wrist dorsiflexion and plantarflexion, and tenderness along the ulnar column. Recommendations at that time included an MRI of the lumbar spine and left knee; a physiatry consultation; nerve

conduction studies of the upper and lower extremities; a DonJoy brace for the left knee; cortisone injections for the bilateral knees; home healthcare; and continuation of Norco 325 mg, Lidoderm patch, Flexeril 7.5, Ativan 1 mg, tramadol ER 150 mg, Lidopro cream, Nalfon 400 mg, Protonix 20 mg, and Terocin patch. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The California MTUS Guidelines do not support long term use of this medication. There was no frequency listed in the request. As such, the request is not medically appropriate.

Ativan 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. It is unclear how long the injured worker has utilized Ativan 1 mg. The injured worker does not maintain a diagnosis of anxiety disorder. There was no comprehensive psychological examination provided. The medical necessity for the ongoing use of this medication has not been established. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opiod analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there is no documentation of a failure of non-opiod analgesics. It is unclear how long the injured worker has utilized Norco 10/325 mg. Previous urine toxicology reports documenting evidence of injured worker compliance and non-aberrant behavior were not provided. There was no also no documentation of a written consent or agreement for chronic use of an opioid. There is no evidence of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Lidoderm Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines recommend topical lidocaine in the form of a dermal patch after there has been a trial of oral anticonvulsants and antidepressants. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of topical lidocaine. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Terocin Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy of safety. They are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. There was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There was no also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.