

Case Number:	CM15-0081220		
Date Assigned:	05/01/2015	Date of Injury:	05/13/2004
Decision Date:	07/14/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/28/2015

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, 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 52 year old female, who sustained an industrial injury on 5/13/2004. Diagnoses include cervical pain status post two-level anterior cervical discectomy and fusion (ACDF), bilateral shoulder tendinopathy, right shoulder rotator cuff tear, carpal tunnel syndrome right, right ganglion cyst, status post right carpal tunnel release, upper extremity chronic regional pain syndrome, obesity, internal medicine problems and status post revision right carpal tunnel release. Treatment to date has included diagnostics, surgical intervention, medications and injections. Per the Primary Treating Physician's Progress Report dated 4/06/2015, the injured worker reported aching pain in the head and neck, rated as 7/10. She sustained a fall at home. She also reports aching pain in the bilateral shoulders rated as 7/10, aching pain in the bilateral arms, rated as 6/10 and aching pain in the right knee and bilateral legs and feet. Physical examination revealed tenderness in the paraspinous region of the cervical spine with decreased ranges of motion and mild spasm. Examination of the hands/wrists revealed abnormal skin color and cool temperature. There was pain with ranges of motion. Tinel's sign and Phalen's sign were positive. There were decreased ranges of motion of the elbows, forearms and wrists. The plan of care included medications and authorization was requested for Tramadol/APAP, Lorazepam and Diclofenac Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tram/APAP 37.5-325mg #120 (DOS: 3/9/15): 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 Opioid Page(s): 75-80.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. Furthermore, there are multiple urine drug screen from 2013 to 2014 with inconsistent use of controlled substances, and this has not been addressed in any recent progress notes. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen), is not medically necessary.

Lorazepam 1mg #60 (DOS: 3/9/15): 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 Benzodiazepines Page(s): 24.

Decision rationale: Regarding the request for Lorazepam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Lorazepam is not medically necessary.

Diclofenac sodium 100mg #30 (DOS: 3/9/15): 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 NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient was taking first line NSAIDs ibuprofen without documented treatment failure, or intolerance. Furthermore, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested diclofenac is not medically necessary.

Diclofenac Sodium 100mg #60 (DOS: 4/6/15): Upheld

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 Page(s): 67-72.

Decision rationale: Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient was taking first line NSAIDs ibuprofen without documented treatment failure, or intolerance. Furthermore, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested diclofenac is not medically necessary.