

Case Number:	CM15-0081610		
Date Assigned:	05/04/2015	Date of Injury:	09/01/2003
Decision Date:	06/02/2015	UR Denial Date:	04/27/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 59 year old female sustained an industrial injury on 9/1/03. She subsequently reported pain in neck, bilateral shoulder and arms. Diagnoses include neuralgia, rotator cuff syndrome and cervical stenosis. Treatments to date include x-ray and MRI testing, surgeries, chiropractic care, therapy and prescription medications. The injured worker continues to experience neck pain and shoulders with radiation to the bilateral upper extremities. Upon examination, gait was normal, cervical and shoulder range of motion was reduced and normal palpation was demonstrated. A request for Norco and Lorazepam medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #800: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #800 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The prescribing physician describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The documentation reveals that the patient has been on Norco without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.

Lorazepam 1mg #460: Upheld

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

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

Decision rationale: Lorazepam 1mg #460 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Lorazepam without significant objective functional improvement. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and continuing this medication beyond the recommended 4 week period. The request for Lorazepam is not medically necessary.