

Case Number:	CM15-0085169		
Date Assigned:	05/07/2015	Date of Injury:	05/05/2009
Decision Date:	06/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina, Georgia
 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:

The injured worker is a 42 year old female who sustained a work related injury May 5, 2009. Past history included s/p left shoulder arthroscopic partial synovectomy, subacromial bursectomy and debridement, decompression acromioplasty, 1/9/2013, s/p neurolysis of ulnar nerve at cubital tunnel, left elbow, release of flexor contractures of medial epicondyle, left condyle with cast splint, 2/27/2013 s/p cervical epidural injections C4-5 and C6-7 September/October 2011. According to a physician's progress report, dated March 19, 2015, the injured worker presented with complaints of neck pain radiating to her left upper extremity, and pain in her left shoulder, elbow, and hand, right knee, right foot, and right ankle. She rates her pain 6/10 with medication and 10/10 without medication. She reports going for right ankle surgery soon. Diagnoses included cervical facet arthritis; headaches secondary to occipital neuralgia, myofascial pain syndrome, internal derangement right ankle joint. Treatment plan included request for Lorazepam, Percocet, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Additionally, the most recent drug screen was inconsistent with prescribed Percocet. Therefore, the record does not support medical necessity of ongoing opioid therapy with Percocet.

Lorazepam 2 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74.

Decision rationale: CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the claimant has been treated with lorazepam for longer than the recommended 4 weeks. Ongoing use of lorazepam is not medically indicated.

Prilosec 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events. Prilosec therefore is not medically necessary.