

Case Number:	CM15-0085957		
Date Assigned:	06/03/2015	Date of Injury:	07/12/2014
Decision Date:	07/02/2015	UR Denial Date:	04/09/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old man sustained an industrial injury on 7/12/2014. The mechanism of injury is not detailed. Diagnoses include left patellar fracture, traumatic brain injury, and cervical spine sprain. Treatment has included oral medications and electrical stimulation therapy. Physician notes on a PR-2 dated 3/25/2015 show complaints of erectile dysfunction, headaches, increase in anxiety and depression, bilateral lower extremity pain, left knee pain, cervical and lumbar spine pain, dizziness, vertigo, and disequilibrium. Recommendations include repeat MRI with susceptibility weighted imaging, lumbar epidural injection, psychiatric evaluation and treatment, Lorazepam, previous medical records, Naproxen, Ranitidine, Reguloid, follow up with knee specialist, transportation to and from medical appointments, home health care, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg, #60: 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 Benzodiazepines page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 0.5mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are left patellar fracture status post surgery August 7, 2014; traumatic brain injury; and cervical spine sprain. The documentation according to a March 25, 2015 progress note states the injured worker had hemorrhoids bleeding with an 8 day hospitalization as a consequence of pain medications. The details are not in the medical record. The treating neurologist prescribed Lorazepam 0.5 mg for anxiety and seizures. There is no documentation of seizure activity in the medical record. According to the pain management provider, Xanax 0.5 mg at bedtime was prescribed. It is unclear whether the neurologist and pain management provider communicate with one another because both lorazepam and Xanax are benzodiazepines. Consequently, absent clinical documentation with evidence of communication between the treating neurologist and pain management provider with concurrent Lorazepam and Xanax were prescribed, Lorazepam 0.5mg #60 is not medically necessary.

Norco 7.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left patellar fracture status post surgery August 7, 2014; traumatic brain injury; and cervical spine sprain. The documentation according to a March 25, 2015 progress note states the injured worker had hemorrhoidal bleeding with an 8 day hospitalization as a consequence of pain medications. The details are not in the medical record. Norco 7.5 mg first appears in a progress note dated February 4, 2015. Subjectively, the injured worker had multiple complaints with erectile dysfunction, knee pain, headache, bilateral

lower extremity pain. The injured worker received homecare and was admitted for one week with lower G.I. bleeding as a consequence of hemorrhoids secondary to pain medications. Objectively, the documentation is limited to lower extremity-decreased range of motion. There is no documentation demonstrating objective functional improvement throughout the medical record. Additional medications include cyclobenzaprine and Neurontin (prescribed by the pain management provider). There is no clinical indication or rationale for Norco 7.5 mg. It is unclear whether Norco was prescribed for headache, low extremity pain or knee pain, etc. Consequently, absence compelling clinical documentation with objective functional improvement, compelling clinical documentation indicating opiates are indicated with a history of hemorrhoidal bleeding secondary to pain medications with an eight day hospitalization and a clinical indication/rationale, Norco 7.5/325mg # 60 is not medically necessary.