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| Case Number: | CM13-0038058 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/25/2010 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old female who reported an injury on 01/25/2010. The mechanism of injury was not submitted. The patient was diagnosed with lumbar myoligamentous injury with radicular symptoms and facet arthropathy, cervical myoligamentous, right ulnar nerve entrapment, reactionary depression/anxiety, and medication induce gastritis. The patient's physical examination showed posterior cervical musculature tenderness on palpation bilaterally with increased muscle rigidity. There were trigger points in the paraspinal muscles, upper trapezius and medial scapular bilaterally with decreased range of motion. The right elbow revealed significant point tenderness to palpation of the right medial epicondyle, positive Tinel's sign, and significant decreased sensation around the medial forearm in the ulnar nerve distribution involving the 5th digit and ulnar aspect of the 4th digit. The posterior lumbar musculature revealed tenderness upon palpation bilaterally with increased muscle rigidity. There were trigger points that were palpable and tender throughout the lumbar paraspinal muscles bilaterally with decreased range of motion. The patient has been treated with medication, physical therapy, epidural injections, diagnostic intra-articular facet injection with no relief of pain. The patient also complained of gastrointestinal upset and Non Steroid Anti-inflammatory Drugs were discontinued. She is noted to see a spine surgeon who requested a two level fusion and another who requested an ulnar transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg bid prn for anxiety and depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm.

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

Decision rationale: The clinical documentation submitted for review does not meet guidelines recommendations. The clinical documentation stated the patient continues to complain of pain to the neck, lumbar spine and right elbow. The documentation stated that the patient's pain is debilitating. With that being said, CA MTUS does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The clinical documentation submitted for review does not indicate the duration of the patient benzodiazepine use. As such, the request is non-certified

Doxepin 25 mg qhs #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14.

Decision rationale: The clinical documentation submitted for review meets the recommended guideline for the request. The clinical documentation states that the patient was diagnosed with lumbar myoligamentous injury with radicular symptoms and facet arthropathy, cervical myoligamentous, right ulnar nerve entrapment, reactionary depression/anxiety, and medication induce gastritis. The guidelines recommend anti-depressants as a first-line option for neuropathic pain and for non-neuropathic pain. Tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Therefore, the request is certified.