MAXIMUS Federal Services

Case Number:	CM13-0047222		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2003
Decision Date:	09/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/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 injured worker is a 37-year-old female who reported an injury on 08/13/2003. The mechanism of injury was not provided for clinical review. The diagnoses included discogenic neck condition, impingement syndrome, cubital tunnel syndrome, and wrist joint inflammation. Previous treatments included physical therapy, medication, and a TENS unit. Diagnostic testing included an MRI. Within the clinical note dated 08/11/2014, it was reported the injured worker complained of numbness and tingling along the left upper extremity, as well as from using it more. Upon the physical examination, the provider noted tenderness along the biceps on the right side. The provider requested Norco, Paxil, and Lorazepam. However, the Request for Authorization was not provided for clinical review clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

PAXIL 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the injured worker's treatment for neuropathic pain. Therefore, the request is not medically necessary.

LORAZEPAM 1 MG #60: Upheld

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

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

Decision rationale: MTUS Guidelines do not recommend the use of Lorazepam for long term due to the long term efficacy being unproven and there is risk of dependency. The guidelines also recommend the limited use of Lorazepam to 4 weeks. The injured worker has been utilizing the medication for an extended period of time, since at least 04/2014, which exceeds the guidelines recommendation of short term use. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.