

Case Number:	CM14-0143328		
Date Assigned:	09/10/2014	Date of Injury:	05/07/2012
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine, Pulmonary Diseases 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 49-year-old male with a reported injury on 05/07/2012. The mechanism of injury was a metal rod cut through his left biceps. The injured worker's diagnoses included status post left side biceps repair, status post repair of the left ulnar nerve, repair of the left median nerve, provisional repair of the left brachioradialis muscle, provisional repair of the left biceps tendon, repair of the left lateral cutaneous nerve, revision of the left brachial artery vein graft, right leg surgical graft site, left biceps tendon rupture, gastritis, and insomnia. The injured worker's past treatments included medications, rest, immobilization, physical therapy, home exercise program, and a TENS unit. The injured worker's diagnostic testing included a nerve conduction study. The injured worker's surgical history included repair of the median nerve and ulnar nerve and repair of the brachial artery and biceps on 05/07/2012. The injured worker was also taken back to surgery for an exploration and transposition of the medial antebrachial cutaneous nerve. The injured worker was evaluated for constant left upper extremity pain on 07/23/2014. The clinician observed and reported atrophy of the intrinsic muscles of the left hand. Range of motion was decreased in flexion and extension of the left arm. There was ulnar and radial deviation. There was no localized tenderness noted. Range of motion revealed decreased supination, pronation, and decreased flexion and extension of the left arm. Tinel's sign was negative, and there was no instability to varus or valgus stress testing noted. The injured worker's medications included Norco 10/325 mg, Butrans 10 mcg/hour patch, Zantac 150 mg, Neurontin 300 mg, and lorazepam 1 mg. The requests are for Lorazepam 1 mg, #30; Norco 10/325 mg, #60; and Neurontin 200 mg, #60. No rationale for this request was provided. The Request for Authorization form was submitted on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Lorazepam 1 mg, #30 is not medically necessary. The injured worker complained of pain to his upper extremities. The California Medical Treatment Utilization Schedule Chronic Pain Guidelines do 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records provided indicate a prescription for Lorazepam since at least 04/30/2014. The rationale for the request was not provided. There is no indication of efficacy of the medication. Nonetheless, the guidelines do not support the long-term use of benzodiazepines. Additionally, the request does not include frequency of dosing. Therefore, the request for Lorazepam 1 mg, #30 is not medically necessary.

Norco 10/325 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg, #60 is not medically necessary. The injured worker complained of constant left upper extremity pain. The California MTUS Chronic Pain Guidelines recommend ongoing review of opioid use, including the documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation provided did not include rating of pain intensity with and without medication or changes in functionality with and without medication. There were no reports of adverse effects or an assessment for aberrant drug behavior. Additionally, the request did not include a frequency of dosing. Therefore, the request for Norco 10/325 mg, #60 is not medically necessary.

Neurontin 200 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs);Gabapentin (Neurontin) Page(s): 16-22; 49.

Decision rationale: The request for Neurontin 200 mg, #60 is not medically necessary. The injured worker continued to complain of constant pain to his left upper extremity. The California Chronic Pain Guidelines state Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. There is a lack of documentation regarding the efficacy of the medication. There is no indication of significant pain relief or objective functional improvement with the use of Neurontin. Additionally, there was no frequency of dosing included in the request. Therefore, the request for Neurontin 200 mg, #60 is not medically necessary.