

Case Number:	CM14-0147905		
Date Assigned:	09/15/2014	Date of Injury:	08/28/2002
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 47 year-old female who is reported to have a date of injury of 08/28/02. She is reported to have developed left shoulder pain while picking up boxes of chicken. She is status post a left shoulder subacromial decompression on 12/11/09, left carpal tunnel release on 10/15/10, and right carpal tunnel release on 07/30/10. An EMG/NCV study dated 03/29//1 reported normal NCV and possible left C5 radiculopathy. The records reflect that injured worker has chronic complaints of 9/10 pain despite being on multiple medications. She has been treated with oral medications, physical therapy, and interventional procedures. She is currently not working. The record includes a request for Ativan 0.5 mg to treat cervical pain and Lyrica 75 mg for the treatment of myofascial pain. A utilization review determination dated 09/03/14 non-certified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5 mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The request for Ativan 0.5 mg # 90 is not medically necessary. The submitted clinical records indicate that the injured worker has chronic pain secondary to work related injuries. She has been treated with oral medications for years with no evidence of pain relief or functional improvements. Her VAS remains 9/10. The California Medical Treatment Utilization Schedule does not support the use of benzodiazepines in the management of chronic pain. The DWC form RFA lists the indication for this medication as "neck pain" which is not a clinical indication for this medication. As such, the medical necessity for continued use of this medication is not established.

Lyrica 75 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

Decision rationale: The request for Lyrica 75 mg # 90 is not medically necessary. The submitted clinical records indicate that the injured worker has chronic pain secondary to work related injuries. She has been treated with oral medications for years with no evidence of pain relief or functional improvements. Her VAS remains 9/10. The California Medical Treatment Utilization Schedule does not support the use of Lyrica in the management of chronic myofascial pain. The DWC form RFA lists the indication for this medication as "myofascial pain" which is not a clinical indication for this medication. As such, the medical necessity for continued use of this medication is not established.