

Case Number:	CM14-0185881		
Date Assigned:	11/13/2014	Date of Injury:	09/11/2011
Decision Date:	12/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona and 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 50-year-old male who reported an injury on 09/11/2011. The mechanism of injury was not provided. His diagnoses were noted to include cervical sprain, cervical myelopathy, and chronic pain. Past treatments included medications, psychological therapy, and speech therapy. Diagnostic studies included an MRI of the cervical spine on 02/07/2012, an x-ray of the cervical spine on 08/23/2012, a CT on 5/9/2014 and an MRI on 05/15/2012. On 09/29/2014, the injured worker complained of continuing nausea and headaches, pain in the right shoulder, and cramping and weakness in the lower extremities. His current medications were listed as mirtazapine, Fetzima, zolpidem tartrate, tolterodine, diazepam, Norco, Cialis, naproxen, and docusate sodium. The treatment plan included medications, 4 sessions of speech pathology, and a followup evaluation. A request was submitted for 4 Speech therapy sessions, Diazepam 5mg #30, and Lisinopril Hydrochlorothiazide 20/25mg, # 90 with 1 refill. The rationale for the request was not provided. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Speech therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Speech Therapy.

Decision rationale: The request for speech therapy sessions is not medically necessary. The Official Disability Guidelines recommend speech therapy when a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease is documented. There also needs to be documentation of a clinical functional speech disorder resulting in an inability to perform at the previous functional level. The clinical notes indicate that the injured worker reported an incident on 08/07/2014 where something was caught in his throat and he was unable to swallow. However, there is no documentation with evidence of a speech, hearing, or language disorder. In the absence of more significant findings to indicate the need for speech therapy, the request is not supported. Therefore, the request is not medically necessary.

Diazepam 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head

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

Decision rationale: The request for Diazepam 5mg #30 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. The clinical notes indicate that the injured worker's current medications include diazepam. However, there was no indication of when the injured worker started taking this medication. As the guidelines do not recommend benzodiazepines for long term use, the request is not supported. Therefore, the request is not medically necessary.

Lisinopril Hydrochlorothiazide 20/25mg, # 90 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

Decision rationale: The request for Lisinopril Hydrochlorothiazide 20/25mg, # 90 with 1 refill is not medically necessary. The Official Disability Guidelines (ODG) recommends Lisinopril (hydrochlorothiazide) for the treatment of elevated blood pressure. The clinical notes of the most recent physical examination reported the injured worker's blood pressure at 118/82 and stable. As there is documented evidence of controlled blood pressure with medication and no indications of adverse side effects from the medication, the medication would be supported.

However, the request, as submitted, did not specify frequency of use. Therefore, the request is not medically necessary.