

Case Number:	CM13-0032245		
Date Assigned:	12/11/2013	Date of Injury:	07/03/2002
Decision Date:	05/11/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old female who reported an injury on 07/03/2002. The mechanism of injury was a patient pulled the injured worker over while she was changing the injured worker's diaper. The injured worker did not fall. However, she felt "something pull in her back." Prior therapies included medications, physical therapy, trigger point injections, nerve blocks, and a TENS unit. The documentation of 06/27/2013, revealed the injured worker had been working part time as a nighttime attendant to meet her job responsibilities. The use of medications were noted to be appropriate. The injured worker's current medications were noted to include Cymbalta 60 mg 1 daily, Topamax 200 mg 1 at bedtime, Zofran 4 mg 1 three times a day, hydrocodone/APAP 10/325 mg 1 three times a day, and lorazepam 1 mg 1 daily as needed. The injured worker indicated she got moderate pain relief. The injured worker indicated she had a laceration of her left index finger, which required an increased use of Norco. Due to that, the injured worker was noted to be short of several days, which the physician opined was understandable, and an early refill would be appropriate. The recommendations were for refills of the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg Tablet SIG. One Tab Q.D., P.R.N. Quantity: 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 California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for one lorazepam 1 mg tablet sig. one tab q.d., p.r.n. quantity: 30 for symptoms related to the lumbar spine, is not medically necessary.

Topamax 200mg Tablet SIG. One Tab Q.H.S. Quantity: 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 Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain of at 30% to 50%, and objective functional improvement. Given the above, the request for one topamax 200 mg tablet sig. one tab q.h.s. quantity: 30 for symptoms related to the lumbar spine, is not medically necessary.

Hydrocodone-APAP 10-325mg Tablet SIG. One Tab T.I.D. Quantity: 90: 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for one hydrocodone-apap 10-325 mg tablet sig. one tab t.i.d. quantity: 90 for symptoms related to the lumbar spine, is not medically necessary.

Cymbalta 60mg Capsule SIG. One Cap Q.D. Quantity: 30 with 3 Refills: 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 antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement, to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. Additionally, there was a lack of documentation indicating a necessity for 3 refills. Given the above, the request for one Cymbalta 60 mg capsule sig. one cap q.d. quantity: 30 refills: three for symptoms related to the lumbar spine, is not medically necessary.

Zofran 4mg Tablet SIG. One Tab T.I.D. P.R.N. Quantity: 30: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that antiemetics are not recommended for the treatment of nausea and vomiting secondary to opioid use. The clinical documentation submitted for review failed to provide a rationale for the use of the medication. The efficacy was not provided. Given the above, the request for one Zofran 4 mg tablet sig. one tab t.i.d. p.r.n. quantity: 30 for symptoms related to the lumbar spine, is not medically necessary.