

Case Number:	CM14-0066207		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2000
Decision Date:	05/27/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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. 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 52-year-old male, who sustained an industrial injury on 04/06/2000. The injured worker was diagnosed as having chronic right inguinal pain, chronic right hip pain, chronic left knee pain, probable bilateral elbow epicondylitis, left lower abdominal pain, and possible fibromyalgia. Treatment to date has included medication, psychotherapy, acupuncture, herniorrhaphy, and neurectomy procedures on 2/13/03 and 2/6/04. The injured worker presented on 01/02/2015 for a follow-up evaluation with complaints of left lower quadrant abnormal pain. The injured worker indicated he was attempting to be as active as possible and was eating in a healthy manner; however, reported weight increase. Upon examination, the injured worker appeared anxious. There was a normal heart rate and regular rhythm with clear lung sounds to auscultation. There was no clubbing or cyanosis noted. Neurological examination was within normal limits. Examination of the abdomen revealed slight to moderate left lower quadrant tenderness to palpation. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Hyoscyamine 0.375mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 28 April 2015. U.S. National Library of Medicine. U.S.

Decision rationale: According to the US National Library of Medicine, hyoscyamine is used to control symptoms associated with disorders of the gastrointestinal tract. In this case, it appears that the injured worker was previously diagnosed with irritable bowel syndrome, and had utilized hyoscyamine since 10/2013. However, the injured worker continued to report persistent symptoms. On the most recent physician progress note, there was localized tenderness in the left lower quadrant. Given the ineffectiveness of the medication, the ongoing use would not be supported in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

1 Prescription for Oxycontin 30mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication without any evidence of objective functional improvement. The injured worker continues to report persistent pain. There is no documentation of a written consent or agreement for the chronic use of an opioid. There is also no mention of a failure of non-opioid analgesics. In addition, the current request failed to indicate the frequency of the medication. As such, the request is not medically necessary.

1 Prescription for Flexeril 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations.

Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, there is no documentation of palpable muscle spasm or spasticity upon examination. Guidelines do not support long-term use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

1 Prescription for Lorazepam 0.5mg #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.

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

Decision rationale: California MTUS Guidelines do not recommend long-term use of benzodiazepines, because long-term efficacy is unproven and there is a risk of dependence. In this case, the injured worker does maintain a diagnosis of anxiety disorder. However, there is no mention of functional improvement despite the ongoing use of this medication. According to the more recent physician progress note, the injured worker appeared anxious upon examination. The medical necessity has not been established in this case. In addition, the California MTUS Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the request. As such, therapy request is not medically necessary.

1 Prescription for Lidoderm Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state lidocaine is recommended for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. In this case, there is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical product. There is also no frequency listed in the request. As such, the request is not medically necessary.