

Case Number:	CM15-0010921		
Date Assigned:	01/28/2015	Date of Injury:	01/20/2004
Decision Date:	05/07/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 a work related injury on January 20, 2004, where he worked as a heavy equipment mechanic. He developed a severe skin rash with blisters and inflammation due to sensitivity to specific work gloves. Diagnosis included severe contact dermatitis, arthritis and psoriatic arthritis. Treatments included a dermatology consultation, pain medication, steroid creams. Currently, the injured worker complains of arthritis pain in his shoulder and continued discomfort with the ongoing skin rash. On January 22, 2014, a request for prescriptions of Benemid 500 mg #60; Humira 40mg/0.8ml #4; Clobetasol 0.05% 60 grams; and a service of a right shoulder Kenelog/Lidocaine injection were non-certified by Utilization Review, noting, the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg quantity: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Web Edition, Insomnia treatment.

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

Decision rationale: Per ODG, pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Zaleplon (Sonata) reduces sleep latency. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. This request is not medically necessary and appropriate.

Benemid 500mg quantity: 60.00: 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 uptodate.com.

Decision rationale: Benemid is indicated for treatment of hyperuricemia with gout. While there is documentation of elevated, uric acid levels without notation of gouty findings on exam. There is also no notation of any change in symptoms with medication. This request is not medically necessary and appropriate.

Norco 7.5/325mg quantity: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids, Opioids for chronic pain Page(s): 78-80.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.

Humira 40mg/0.8ml quantity: 4.00: 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 uptodate.com.

Decision rationale: Humira is indicated for treatment of plaque psoriasis, psoriatic arthritis and rheumatoid arthritis. The dosage requested is for weekly administration, which is only indicated for rheumatoid arthritis when the patient is not on methotrexate. There is documentation that the IW tested negative for rheumatoid arthritis and was being treated for psoriatic arthritis. This request is not medically necessary and appropriate.

Clobetasol Propionate 0.05% 60gms quantity: 4: 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 uptodate.com.

Decision rationale: Clobetasol is indicated for treatment of moderate to severe plaque-type psoriasis and should be applied twice daily for up to 2 weeks; can be used for up to 4 weeks when application is <10% of body surface area (maximum dose: 50 g/week or 50 ML/week). Treatment with lotion beyond 2 weeks should be limited to localized lesions (<10% body surface area) which have not improved sufficiently. There is no mention of the IW's response to prior treatment with steroid cream or the volume of skin being treated. This request is not medically necessary and appropriate.

Right shoulder injection of Kenalog & Lidocaine quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: ACOEM guidelines state that invasive techniques for pain control in the shoulder have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. There was no documentation of previous conservative therapy or pain with movement. This request is not medically necessary and appropriate.