

Case Number:	CM15-0116499		
Date Assigned:	06/24/2015	Date of Injury:	08/29/2011
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 08/29/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having hypertension, diabetes, anemia, cervical myoligamentous injury with right upper extremity radiculopathy, right carpal tunnel syndrome, status post right shoulder arthroscopy, ulnar nerve entrapment on the right elbow and wrist, status post right knee arthroscopy, and medication induced gastritis. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the cervical spine, medication regimen, trigger point injections, cervical epidural injections, electromyogram of the upper extremity, magnetic resonance imaging of the right knee, magnetic resonance arthrogram of the right shoulder, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the left wrist, magnetic resonance imaging of the right wrist, and above noted procedures. In a progress note dated 05/20/2015 the treating physician reports complaints of dizziness noting that he ran out of his medications for about two to three days. Progress note form pain management on 05/11/2015 noted complaints of pain to the right knee and the neck with cervicogenic headaches pain. Examination reveals an elevated home blood-glucose level. The injured worker's pain level is rated an 8 out of 10. The injured worker's medication regimen includes Metformin, Glyburide, Prilosec, Anaprox, Norco, and Imitrex. The treating physician requested the medications of Simvastatin 20mg with a quantity of 30 at bedtime and Lorazepam 2mg with a quantity of 30 every day, but the documentation provided did not indicate the specific reason for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Simvastatin 20 mg Qty 30, at bedtime: 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 FDA approved labeling information for Simvastatin.

Decision rationale: FDA labeling information recommends Simvastatin for use in treating hypercholesterolemia. The records in this case do not clearly document a history of the patient's lipid management including cholesterol measurement/fractionation and monitoring of cholesterol while using this medication. Therefore, treatment guidelines have not been met to support an indication for continuing this medication. This request is not medically necessary.

Lorazepam 2 mg Qty 30, every day: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.