

Case Number:	CM15-0174831		
Date Assigned:	09/11/2015	Date of Injury:	02/20/2002
Decision Date:	11/02/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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, California

Certification(s)/Specialty: Emergency 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:

This 59 year old female sustained an industrial injury on 2-20-02. The injured worker is currently being treated for shoulder pain and cervical spondylosis. Treatments to date include MRI testing, shoulder surgery, an unspecified amount of physical therapy and prescription pain medications. The injured worker has continued complaints of right shoulder pain. Pain levels were reported to be 8 out of a scale of 10. The pain has affected the injured worker's activity level. Upon examination, the right upper extremity range of motion was reduced. Hawkin's and Neer's testing was positive. A request for Lorazepam 1mg #30, Norco 10/325mg #90, Ultram ER 150mg #30 and Terocin lidocaine cream 4% was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: CA MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records support the IW has been taking Lorazepam for a minimum of 4 months. This clearly exceeds the recommended term of use and is not within CA MTUS guideline. Additionally, the request does not include frequency or dosing. The request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Function is described as severely affected by pain. No reports show specific functional improvement benefit from use of this medication. The prescribing physician does not specifically address function with respect to the IW use of Norco. There is no pain scale or documentation of improvement in function taking this medication. There is no evidence of a drug-testing program. Additionally, the request does not include frequency or dosing. The request for Norco is not medically necessary.

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Function is described as severely affected by pain. No reports show specific functional improvement benefit from use of this medication. The prescribing physician does not specifically address function with respect to the IW use of Ultram. There is no pain scale or documentation of improvement in function taking this medication. There is no evidence of a drug-testing program. Additionally, the request does not include frequency or dosing. The request for Ultram is not medically necessary.

Terocin lidocaine cream 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." The topical agent requested includes lidocaine cream. Guidelines state topical lidocaine preparations other than Lidoderm patches are not recommended. Additionally, the request does not include location or frequency of application. Without the support of the guidelines, the request for this compound topical agent is not medically necessary.