MAXIMUS Federal Services

Case Number:	CM15-0021606		
Date Assigned:	02/11/2015	Date of Injury:	09/11/2011
Decision Date:	06/11/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 50-year-old male injured worker suffered and industrial injury on 9/11/2011. The mechanism of injury was the injured worker was helping an elderly client and the client started to fall. In an effort to prevent the client from falling on a bathtub, the injured worker reached out to catch him and the injured worker dislocated his right shoulder. The diagnoses were sprain of the neck, shoulder pain and difficulty swallowing, depressive disorder and anxiety disorder. The treatments were cognitive behavioral therapy and individual psychotherapy, medications, cervical fusion at C6-7, chiropractic therapy, and physical therapy. The treating provider reported memory impairments, bilateral shoulder pain, left lower extremity weakness as well as increasing pain. The documentation of 12/30/2014 revealed the injured worker had cortisone shots in the bilateral shoulders with some improvement in function and a reduction in pain. The injured worker indicated that he had improvement in pain with medications, therapy, and time and rest. The injured worker had low back pain and, with medications, could handle some dishes, light laundry, and cleaning 1 room at a time. The medications included Voltaren 1% transdermal gel, 5000 units of vitamin D3, Vicodin 1 half to 2 tablets every 6 hours as needed for pain, mirtazapine 1 at bedtime for pain and anxiety, diazepam half to 1 tablet 3 times a day as needed for spasms and anxiety, zolpidem 10mg 1 at bedtime for sleep, and Fetzima 40mg capsules 2 capsules daily for anxiety, depression, and pain. The physical examination revealed a tender and positive Tinel's, right cubital tunnel, ulnar nerve with distal radiation into the 4th and 5th fingers with grossly positive elbow flexion test, and tender medial epicondyle. The injured worker had a positive straight leg raise and left thigh weakness, left hallucis weakness, and left worse than

right lower extremity thigh flexion and extensor hallucis. The treatment plan included proceed with treatments authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The California MTUS 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 indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Mirtazapine 45mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anxiety Medications in Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS 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 indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Zolpidem 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7 to 10 days. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. However, there was a lack of documentation of an objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Fetzima 40mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS 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. There was a lack of documentation of an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation submitted for review failed to provide a rationale for 3 refills without re-evaluation. Given the above, the request is not medically necessary.