

Case Number:	CM15-0062792		
Date Assigned:	04/09/2015	Date of Injury:	05/13/2004
Decision Date:	06/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/03/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 female, who sustained an industrial/work injury on 5/13/04. She reported initial complaints of neck pain, left shoulder, and low back. The injured worker was diagnosed as having cervical pain, s/p two level anterior cervical discectomy and fusion, bilateral shoulder tendinopathy, right shoulder rotator cuff tear, carpal tunnel syndrome, right ganglion cyst, s/p right carpal tunnel release, revision). Treatment to date has included medication and surgery. Currently, the injured worker complains of neck pain persisting at pain level 6/10 level, right and left shoulder pain at 6/10, left hand pain rated 4/10, and low back pain and in the bilateral legs. Per the primary physician's progress report (PR-2) from 2/9/15, the gait is normal. There is tenderness in the paraspinal musculature of the cervical region and the anterior neck. The range of motion for the cervical spine in flexion is 35 degrees, extension is 35 degrees, bilateral rotation is 40 degrees, and bilateral tilt is 30 degrees. There is mild shoulder elevation weakness due to pain. There is mild spasm in the cervical spine with range of motion testing. Head compression test is mildly positive. Current plan of care included renewing medications and therapy. The requested treatments include Lorazepam, Prilosec, Physical therapy for the cervical spine, Physical therapy for the lumbar spine, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, #30 with 2 refills: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended for use longer than 4 weeks. The injured worker has exceeded the recommended guidelines. Therefore lorazepam 1 mg #30 with 2 refills is not medically necessary. Although this medication is not necessary, it is recommended the requesting provider wean this medication from the patient in order to avoid the risk of withdrawal symptoms.

Prilosec 20mg, #60 with 2 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 (ODG-TWC), Pain Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton pump inhibitors should only be used if the injured worker is at high risk of gastrointestinal events. The injured worker does not match the criteria to be considered at high risk of gastrointestinal events. Therefore, the request for Prilosec 20 mg. #60 with 2 refills is not medically necessary.

Physical therapy for the cervical spine, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck & Upper Back Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: It is noted the injured worker underwent a two level anterior cervical discectomy and fusion, however the date of that surgery is not provided. There is lack of evidence that the injured worker has or has not already received any physical therapy sessions to date. As such, physical therapy for the cervical spine, 8 visits is not medically necessary.

Physical therapy for the lumbar spine, 8 visits: 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-TWC), Low Back Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: There is no evidence of any range of motion limitations of the lumbar spine submitted within documentation. There are no diagnostic studies or objective findings of any sprain or previous surgery that would warrant the need for any physical therapy of the lumbar spine. Therefore, the request for physical therapy for the lumbar spine, 8 visits is not medically necessary.

Norco 10/325mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: Documentation does not show evidence of use for ongoing management of opioids including ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Given the referenced guideline, the request of Norco 10/325 mg, #30 is not medically necessary. Although this medication is not necessary, it is recommended the requesting provider wean this medication from the patient in order to avoid the risk of withdrawal symptoms.