

Case Number:	CM14-0145861		
Date Assigned:	09/12/2014	Date of Injury:	07/22/2005
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old female who sustained an injury on 07/22/05 when a heavy cart struck the injured worker in the left ankle. The injured worker has been followed for multiple complaints to include neck and low back pain with headaches. The injured worker has also been followed for psychiatric complaints. The injured worker is noted to have a prior surgery for the left lower extremity. On 07/24/14 the injured worker reported persistent moderate neck pain radiating to the left upper extremity. On physical exam there was tenderness to palpation in the cervical paraspinal musculature with associated spasms and loss of range of motion, mild tenderness to palpation over the left epicondyle and a positive Tinel's sign over the cubital tunnel, at the wrists there were positive Tinel and Phalen's signs noted with grip weakness. The injured worker's medications were denied on 08/06/14.

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 Treatment Guidelines Benzodiazepines.

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

Decision rationale: The chronic use of benzodiazepines is not recommended by the MTUS Chronic Pain Guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, the request is not medically necessary and appropriate.

Ambien 5mg #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 (ODG): Pain , Zolpidem

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 use of Ambien to address insomnia is recommended for short term duration of no more than six weeks per current evidence based guidelines. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the injured worker's overall functional condition. As such, the request is not medically necessary and appropriate.

Fioricet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents (BCAs).

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, BCA's

Decision rationale: The use of BCA's such as Fioricet is not supported by current evidence based guidelines on a long term basis due to the risks for dependence and abuse. Furthermore, the request is not specific in terms of dose, frequency, or duration. As such, the request is not medically necessary and appropriate.

Divalproex ER 100mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physician's Desk Reference) 2014 and www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Atypical Antipsychotics

Decision rationale: The injured worker is noted to have a psychiatric history secondary to chronic pain for which stabilization of her symptoms has been achieved with this medication. Immediate cessation of any antipsychotic is not recommended based on the current literature. Given the stable psychiatric complaints for this injured worker, this medication would be supported as medically necessary.