MAXIMUS Federal Services

Case Number:	CM13-0001516		
Date Assigned:	07/07/2014	Date of Injury:	07/30/2001
Decision Date:	08/06/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old male with a date of injury of 07/30/2001. The listed diagnoses per [redacted] are Chronic low back pain, Chronic neck pain, Left lumbosacral degenerative disk disease, cervical degenerative disk disease, chronic pain syndrome, opioid dependence. According to the progress report dated 06/27/2013 by [redacted], the patient presents with chronic pain. The patient has low back pain which has been going down his right leg. He has been participating in physical therapy which has helped him immensely. He has increased endurance and strength. The patient's medication regimen includes Opana 20 mg 3 times a day, Norco 10/325 mg 5 per day, Soma 350 mg 3 times a day, Cymbalta 60 mg once a day, Ambien CR 12.5 mg at night, Naproxen 500 mg twice a day, Lorazepam 1 mg once a day, Senna 8.6 mg 2 pills twice a day, Docusate sodium 250 mg 1 pill a day, and Protonix 20 mg #1 p.o. q.d. The treating physician is requesting a home healthcare aide 3 hours per day for 6 months. He is also requesting a refill of prescriptions including Norco 10/325 mg #150, Soma 350 mg #90, Ambien CR 12.5 mg #30 with 3 refills, and Lorazepam 1 mg #30 with 3 refills. Utilization review denied the request on 07/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME HEALTH CARE FOR 3 HOURS PER WEEK FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Manual, Chapter 7, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, page 51 has the following regarding home services, Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. MTUS guidelines do not support home-care if this is the only care needed. The request is for house cleaning only, with no other medical care needed at home. Therefore, the request for home health care for 3 hours per week for 6 months is not medically necessary and appropriate.

1 PRESCRIPTION OF NORCO 10/325 #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-98, 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines requires Pain Assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Report 01/10/2013 indicates the patient does not have aberrant behaviors with medications. It was noted that he ambulates with a cane, and gait is slow and steady. Report dated 03/07/2013 states the patient is taking medication and doing okay. Patient has no complaints of drowsiness or sedation, and speech is clean and coherent. Report 04/30/2013 indicates the patient has severe flareups and has difficulty functioning. On 06/27/2013, the patient reported that he has calm down a lot on the dosage of his opiate medications. In this case, review of multiple progress reports from 01/10/2013 to 06/27/2013 provides no discussions regarding efficacy or functional improvement from taking Norco. Therefore, the request for a prescription of Norco 10/325 #150 is not medically necessary and appropriate.

1 PRESCRIPTION OF SOMA 350MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The treater is requesting a refill of Soma 350 mg #90. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The patient has been prescribed Soma since 01/10/2013. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.

1 PRESCRIPTION OF AMBIEN CR 12.5MG #30 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline have the following regarding Ambien for insomnia:Zolpidem [AmbienÂ® (generic available).

Decision rationale: The treater is requesting is a refill of Ambien CR 12.5 mg #30 with 3 refills. The MTUS and ACOEM Guidelines do not address Ambien. However, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The medical file provided for review indicates the patient has been taking Ambien since 01/10/2013 for his insomnia. ODG Guidelines does not recommend long-term use of this medication, and recommendation is for denial.

1 PRESCRIPTION OF LORAZEPAM 1MG #30 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 24 states benzodiazepines are not recommended for long term use because long term efficacies are unproven and there is a risk of dependence. The treating physician is requesting #30 with 3 refills. Given the treating physician is prescribing this medication for a long term basis, the request cannot be supported. As such, the request for 1 prescription of Lorazepam 1mg #30 with 3 refills is not medically necessary and appropriate.