

Case Number:	CM13-0016543		
Date Assigned:	11/06/2013	Date of Injury:	03/22/1996
Decision Date:	01/27/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 physician 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.

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 65-year-old female who sustained a work-related injury on 03/22/1996. The clinical information indicates the patient has had cervical spine surgery x 2. The most recent Primary Treating Physician's Progress Report dated 07/09/2013 documented subjective complaints of headache and neck tightness and soreness. The patient also reported decrease of pain from 8-9/10 to 2-3/10 with pain medication. Objective findings revealed positive deep tendon reflexes and neck and trapezius tenderness. The patient was diagnosed with musculoskeletal neck pain with associated headaches. Treatment plan included continuation of Norco, lorazepam, esomeprazole, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: California MTUS Guidelines require certain criteria for ongoing monitoring of opioid use to include documentation of adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy. The clinical information submitted for review documents

subjective reports of decreased pain with medication use, but there is no objective documentation to corroborate the subjective reports. Additionally, there is no current urine drug screen provided as evidence to support medication compliance. Furthermore, there is no documentation of functional benefit being obtained through the long-term use of the requested medication. As such, the request for Norco 10/325 mg x3 refills is non-certified

Lorazepam 0.5 mg #60 x 3 refills: 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: California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Additionally, tolerance develops rapidly and long-term use may increase anxiety. The clinical information indicates the patient has been on lorazepam since at least 11/2012. Additionally, there is no objective documentation indicating efficacy with the use of the requested medication. Given that guidelines do not support the long-term use of benzodiazepines, the request for lorazepam 0.5 mg #60 x3 refills is non-certified