

Case Number:	CM13-0019559		
Date Assigned:	06/06/2014	Date of Injury:	02/23/1998
Decision Date:	11/18/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational 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:

Patient is a 43 year-old female with date of injury 02/23/1998. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/23/2013, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness, spasm, and tightness in the paralumbar musculature. Range of motion was reduced and gait was antalgic. Weakness was noted in the straight leg raising maneuver. Kemp's test was positive. Diagnosis: 1. Lumbar disc displacement 2. Sprain, thoracic region 3. Sprain, lumbar region 4. Postsurgical state 5. Reactive depression. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. Medications: 1. Hydrocodone/APAP 5/325mg SIG: one p.o. q. 6-8h p.r.n. 2. Lorazepam 1mg SIG: one p.o. q. 4-6h p.r.n.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/325MG: 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 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last four months. Hydrocodone/APAP 5/325mg is not medically necessary.

LORAZEPAM 1MG: 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 Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Lorazepam for much longer than the 4 weeks suggested by the MTUS. Lorazepam 1mg is not medically necessary.